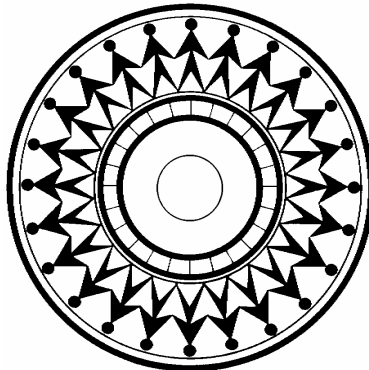


**RUNAWAY AND HOMELESS YOUTH
MANAGEMENT INFORMATION SYSTEM,
FISCAL YEAR 1996**

**NDACAN Dataset Number 74
Users Guide**



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RUNAWAY AND HOMELESS YOUTH MANAGEMENT INFORMATION SYSTEM, FISCAL YEAR 1996

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PREFACE

The data for the *Runaway and Homeless Youth Management Information System, Fiscal Year 1996*, has been given to the National Data Archive on Child Abuse and Neglect for public distribution by Information Technology International. Funding for the project was provided by the Family and Youth Services Bureau in the Administration for Children and Families within the Department of Health and Human Services.

ABSTRACT

It is estimated that over a million young people run away or become homeless each year. These youth face increasingly complex issues, including substance abuse, physical and sexual abuse, and AIDS. The serious issues faced by these youths are coupled with funding constraints among almost all agencies providing services to this population.

In 1974 the Family and Youth Services Bureau (FYSB) authorized funding to assist community based programs to serve youth who were not otherwise being served by traditional human service agencies. The funding was used for the operation of basic center programs which would provide support for runaway and homeless youth (RHY). The programs offered emergency shelter, crisis intervention services, and family reunification services. In 1988 the Transitional Living Program was introduced in order to provide services to older youth requiring assistance in becoming self-sufficient.

While helping to support at-risk youth, the FYSB laws also mandate that certain data be regularly collected and reported. For example, FYSB supported agencies must report on the profile of the youth and families they serve, and provide an overview of the services which they deliver under their grant programs. In order to assist these grantees in their reporting responsibilities, FYSB funded the development of a Runaway and Homeless Youth Management Information System (RHY MIS). The RHY MIS was designed to provide comprehensive information on youth served, services provided, and programs which provide the services.

The RHY MIS was designed, developed, and implemented by Information Technology International (ITI). Gradual implementation of the MIS began in 1992 with approximately 400 RHY grantee sites across the country. By 1995, virtually all existing grant programs had at least one staff member who had been trained and grantees were expected to use the MIS and submit data to FYSB on a quarterly basis.

The fiscal year 1996 RHY MIS dataset contains data submitted during the federal fiscal year 1996. Data are included from participating agencies in 53 U.S. States and Territories. The dataset includes three files. A demographics file contains 72540 observations and 153 variables. Two additional files contain 64100 observations and a combined 235 variables pertaining to youth problems and services provided.

ACKNOWLEDGMENT OF ASSISTANCE

All manuscripts which use data made available through the National Data Archive on Child Abuse and Neglect should acknowledge that fact as well as identify the original collector of the data. Users of these data are urged to follow some adaptation of the following statement:

The data utilized in this publication were made available by the National Data Archive on Child Abuse and Neglect, Cornell University, Ithaca NY; and have been used by permission. The *Runaway and Homeless Youth Management Information System, Fiscal Year 1996* was implemented by Information Technology International. Funding for RHY MIS was provided by the Family and Youth Services Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. Neither the collector of the original data, the funder, the Archive, Cornell University, or its agents or employees bear any responsibility for the analyses or interpretations presented here.

INFORMATION ABOUT THE USE OF ARCHIVAL RESOURCES

In order to provide funding agencies with essential information about the use of NDACAN resources and to facilitate the exchange of information about research activities among data users and contributors, each user of these data is expected to send two copies of any completed manuscript, thesis abstract, or reprint to the National Data Archive on Child Abuse and Neglect, Cornell University, Family Life Development Center, MVR Hall, Ithaca, New York 14853-4401.

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I. OVERVIEW

Background

In 1974, the enactment of Public Law 93-415 authorized funding for programs to support runaway and homeless youth (RHY). The specific intent of the legislation was to assist community based programs to serve youth who were not otherwise being served by the traditional public agencies, notably, social services/foster care and juvenile justice. The funding was used to operate “basic center programs” which offered emergency shelter, crisis intervention services, and family reunification services for runaway, and other high-risk youth.

Public Law 93-415 has been administered over the years by the Family and Youth Services Bureau (FYSB) in the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (USDHHS). The law has been amended and re-authorized several times since its initial approval in 1974. A 1977 amendment authorized the inclusion of homeless youth with the original runaway designation. A 1988 amendment authorized funding for Transitional Living Programs to provide services to older youth requiring assistance in becoming self-sufficient. Transitional Living Programs offer long-term shelter, educational support, basic life skills training, and preparation for productive employment. Related legislation was passed in 1988; The Anti-Drug Abuse Act authorized funding for alcohol and drug abuse prevention services to be provided to the runaway and homeless youth population.

Both the Anti-Drug Abuse Act of 1988 and Public Law 93-415 mandated that certain data be collected and regularly reported to FYSB. The 1992 re-authorization of Public Law 93-415 required grantees to report on the profile of the youth and families served, and to provide an overview of the services delivered under their grant programs. The Anti-Drug Abuse Act, mandated that grantees report regularly on the types of services provided and on the characteristics of the youth served. These requirements were coupled with Congressional mandates for the DHHS to report regularly on the status of all federally funded programs serving runaway and homeless youth in the United States and U.S. territories.

The Runaway and Homeless Youth Management Information System (RHY MIS) was developed by FYSB to assist in carrying out the reporting responsibilities discussed above. The RHY MIS was also designed to assist in policy decision making and budgetary planning.

The RHY MIS was designed, developed, and implemented by Information Technology International (ITI). Funding for RHY MIS consisted of two sequential contracts. The first (contract # 105-90-1700) provided for the original requirements analysis, system design, and initial development activities. The second (contract #105-92-1708) provided for the implementation, training, data management, and system maintenance and upgrades. The original funding to support the development of the RHY MIS was made available through the Anti-Drug Abuse Act budget, but shifted to the core RHY budget within FYSB as the Drug Abuse Prevention Programs were phased out.

Gradual implementation of the RHY MIS began in 1992 at the approximately 400 RHY grantee sites across the country. All sites were required to receive training prior to implementation of the system. By FY 1995, virtually all grant programs had at least one staff member who had been trained in the use of the RHY MIS. The program grantees were expected to use the MIS and submit data to FYSB on a quarterly basis. The RHY MIS version currently in use, Version 3.0, is the third version of the system that has been widely distributed.

Programs in the RHY MIS

Three FYSB grant programs provided the basis for the development of the RHY MIS: the Basic Center (BC), the Transitional Living Program (TLP), and the Drug Abuse Prevention Program (DAPP). The DAPP grant was phased out by FYSB in 1996. In 1996, a new program, the Street Outreach Program (SOP) was funded by FYSB, and SOP grantee agencies are beginning to use the RHY MIS to report on some of their activities. The RHY grant programs are described below.

Basic Center (BC)

The goal of the BC program is to support agencies that provide crisis intervention services to runaway and homeless youth outside the traditional juvenile justice and social service systems. The overall goal of the program is to reunite youth with their families whenever possible, or to arrange for other safe placements. The BC agencies are required

to provide a range of services, including short term emergency shelter (up to 14 days); individual, group, and family counseling; recreation programs; and aftercare services for all youth. The BC agencies are also required to provide linkages with individuals and community agencies in order to provide needed services that are not available from the funded agency.

Drug Abuse Prevention (DAPP)

The goal of the DAPP was to assist communities in expanding or improving drug abuse prevention, education, and intervention services for runaway youth and their families. The DAPP agencies undertook a variety of activities including peer counseling programs for runaway youth; individual, family, and group counseling for runaway youth and their families; coordination of local drug abuse prevention services; development of model approaches; community support groups for at-risk youth in rural areas; community education; and information and training for individuals involved in providing services to runaway youth.

Transitional Living (TLP)

The goal of the TLP is to help homeless youth, ages 16 to 21, make a successful transition to self-sufficient living and avoid long-term dependency on social services. The TLP agencies provide youth with comprehensive services in a supervised living arrangement for up to 18 months. The TLP agencies are required to provide a range of services, including; basic living skills training; employment preparation and job placement services; educational services; mental and physical health care; safe, supportive living accommodations; and assistance in the development of transition plans for each youth.

Street Outreach (SOP)

The goal of the SOP is to reduce the incidence of sexual abuse among runaway, homeless, and street youth by providing them with education and prevention services.

Inclusion Dates and States

Data for the RHY MIS FY 1996 were collected from participating agencies in 50 states, the District of Columbia, Puerto Rico, and Guam. The FY 1996 data pertain to youths that began receiving services between October 1, 1995 and September 30, 1996.

Instruments and Measures

The data collection form for the RHY MIS is included in Appendix A. Detailed definitions for many of the fields and potential responses on the RHY MIS data collection form can be found in the Coding Supplements: Appendices E, F, and G. A glossary of RHY MIS related terms and definitions is included in Appendix H.

II. WORKING WITH THE DATA FILES

Description of Machine-Readable Files

The Archive distributes the RHY MIS FY 1996 dataset in SAS transport or SPSS portable file format. Other file formats, including data file subsets can be prepared by special request. Please refer to the NDACAN order form or contact the Archive for more information.

The RHY MIS FY 1996 dataset consists of three data files. A brief description of each file is provided below. For information regarding the coding of variables, please see Appendices B, C, and D. For supplementary coding information, please see Appendices E, F, and G. Frequencies and summary statistics are available from the NDACAN web server.

DEMOFILE

This data file contains 72540 observations and 153 variables. The file includes information about the youth's demographic characteristics including sex, ethnicity, and age. Information is also included about drug use, languages spoken, marital status, household structure, school status, living situations, employment, and income.

PROBFILE

This data file contains 64008 observations and 138 variables including 135 dichotomous variables that pertain to youth problems at the time of entry into service. There are 14 categories of problems, including household/housing, education, physical and mental health, abuse, neglect, assault, drugs, socialization, employment, problems getting services, and involvement with the justice system.

SERVFILE

This data file contains 64100 observations and 97 variables including 94 dichotomous variables that pertain to services that were provided to each youth. There are 13 categories of services including counseling, education, training, phone services, basic support, health care, drug prevention, housing, legal services, recreation, support groups, employment, and area services.

In each of the above files, the unit of observation is an intake. A unique ID is created by the combination of the following three variables: youth_id (youth identification number), intake_d (intake date), and center_i (center identification number). In each of the above

files, observations are sorted in ascending order by the following variables: youth_id, center_i, intake_d.

Merging Files and Dropping Variables

There are three data files that are distributed for the RHY MIS FY 1996 dataset. Each of the SAS files contains over 50 MB of data. Each of the SPSS files contains over 14MB of data. In order to facilitate working with the data files, you may wish to drop all of the variables that are not relevant to your research. Additionally, you may wish to create a single data file that includes all of the variables that are of interest to you from each of the three files. Programming code has been created to accomplish both of these goals. The SAS program is called merge.sas, while the SPSS program is called merge.sps. The programs are included below and are included in electronic form with your data order.

NOTE: In utilizing the programs that follow, it is important to make at least two key modifications. First be sure to include the correct directory information to indicate where the files are located on your computer. Second, you will need to specify the variables that you wish to keep. Alternatively, if you are keeping most of the variables and dropping only a few, use the drop command.

SAS Program Used to Merge Files

```
/* Rhymerge */
libname here 'C:\MYDIR';
data temp;
set here.DEMOFILE;
proc sort data = temp;
by youth_id center_i intake_d;
/* use the drop (or keep command here) */
data new;
set here.PROBFILE;
proc sort data= new;
by youth_id center_i intake_d;
/* use the drop (or keep command here) */
data test;
set here.SERVFILE;
proc sort data = test;
by youth_id center_i intake_d;
/* use the drop (or keep command here) */
data ALL;
merge temp (in = in1) new (in = in2) test (in = in3);
by youth_id center_i intake_d;
/* the following code creates the new variable, origin */
/* which allows you to see which files data came from */
/* if data comes from all three data files then origin = 1 */
if in1 and in2 and in3 then origin = 1;
/* if data comes from only the demo and prob files then origin = 2 */
else if in1 and in2 then origin = 2;
/* if data comes from only the demo and service files then origin = 3 */
else if in1 and in3 then origin = 3;
```

```

/* if data comes from only the prob and services files then origin = 4 */
else if in2 and in3 then origin = 4;
/* if data comes from only the demo file then origin = 5 */
else if in1 then origin = 5;
/* if data comes from only the prob file then origin = 6 */
else if in2 then origin = 6;
/* if data comes from only the services file then origin = 7 */
else if in3 then origin = 7;
data here.RHYFULL;
set ALL;
proc contents data = here.RHYFULL;
run;

```

SPSS Program Used to Merge Files

```

/* Rhymerge.sps */
IMPORT FILE='C:\MYDIR\DEMOFILE.por' /.
SORT CASES BY
youth_id (A) center_i (A) intake_d (A) .
SAVE OUTFILE='C:\MYDIR\DEMO1.sav' .
IMPORT FILE='C:\MYDIR\PROBFILE.por' /.
SORT CASES BY
youth_id (A) center_i (A) intake_d (A) .
SAVE OUTFILE='C:\MYDIR\PROB1.sav' .
IMPORT FILE='C:\MYDIR\SERVFILE.por' /.
SORT CASES BY
youth_id (A) center_i (A) intake_d (A) .
SAVE OUTFILE='C:\MYDIR\SERV1.sav' .
MATCH FILES /FILE='C:\MYDIR\DEMO1.sav' /FILE='C:\MYDIR\PROB1.sav' /
FILE='C:\MYDIR\SERV1.sav'
/BY youth_id center_i intake_d.
EXECUTE.
SAVE OUTFILE='C:\MYDIR\RHYFULL.sav'.

```

Unduplicating the Data Files

The RHY MIS was designed to record every entry to service for every youth in participating RHY MIS agencies. One consequence of this type of data collection is that the data files can include multiple data records for any given youth. Thus, the unit of analysis is a youth intake at a given agency. **Records are uniquely identified by the combination of variables: Youth_I, Center_I, and Intake_D.**

The extent of duplication in the data files is about 16%. That is, 16% of the records in DEMOFILE represent multiple youth intakes. 4.8% of the records in DEMOFILE represent youths with more than two intake dates.

Some researchers may be interested in unduplicating the data files so that each youth is represented only once per file. Unduplication procedures will vary depending on the information that you wish to retain. For example unduplication may be performed to retain only the first intake date and first agency visited, for each youth. However, be aware that this type of unduplication will not discriminate between records that contain complete demographic information. Furthermore, if one attempts to retain only the first intake date and first agency visited for each youth, then it is possible that some youths will not be represented in the resultant unduplicated subset. This is due to the fact that it is possible for different youths entering different agencies, to be assigned identical ID numbers. When this occurs, only the youth with the first alphabetical center ID will be included in the subset.

A sample program has been designed to create a data file that retains only the first intake date and agency for each youth. The SAS program is called undup.sas. The SPSS program is called undup.sps. The programs are printed below.

SAS Program Used to Unduplicate Files

```
/* undup.sas */
libname here 'C:\MYDIR';
data temp;
set here.RHYFULL;
proc sort data = temp;
by youth_id center_i intake_d;
data temp2;
set temp;
by youth_id center_i intake_d;
if first.youth_id;
data here.RHYUNDUP;
set temp2;
run;
```

SPSS Program Used to Unduplicate Files

```
/* undup.sps */
GET FILE='C:\MYDIR\RHYFULL.sav'.
EXECUTE .
SORT CASES BY
 youth_id (A) center_i (A) intake_d (A).
SAVE OUTFILE='C:\MYDIR\RHYFULL.sav'.
Match files /file='C:\MYDIR\RHYFULL.sav'
/By youth_id
/FIRST =first.
select if (first EQ 1).
SAVE OUTFILE ='C:\MYDIR\RHYUNDUP.sav'. EXECUTE.
```


Conducting Analyses with the RHY MIS Data Files. Uses of the RHY MIS data

The RHY data may be used to describe the characteristics of the runaway, homeless, and at-risk youth populations that enter services at RHY grantee agencies in a given year.

The RHY MIS data should not be used to generate estimates of the number of youths that runaway or are homeless each year. The reason for this is that the RHY MIS does not provide a profile of ALL runaway and homeless youth, nor does it provide a representative sample of youth served. It only provides information on those youths that enter services at RHY grantee agencies.

The RHY MIS data should not be used to generate estimates of the number of youths that are provided services by a RHY MIS funded program. This is because some RHY grantee agencies use the RHY MIS as an agency-wide information system and use the software for programs that are not supported with an RHY grant.

III. SPECIAL CONSIDERATIONS FOR THE DATA FILES

The following sections list some of the complicated analytic issues associated with utilizing the RHY MIS data for research purposes. The list is not meant to be comprehensive, but only to give an idea of the complexity surrounding the data.

Intake and Exit Dates

The RHY MIS FY 1996 dataset includes records for youths that entered services between October 1, 1995 through September 30, 1996. The dataset includes entry dates for all youth and exit dates for youth that exited services prior to October 1, 1996. Youths that exited services after September 30, 1996 have missing values for the exit date variable. These missing values are not distinguishable from missing values for youths that exited services during the fiscal year, but did not have their exit dates recorded.

Duplicated Data

The RHY MIS was designed to record every entry to service for every youth in participating RHY MIS agencies. One consequence of this type of data collection is that the data files can include multiple data records for any given youth. Researchers must keep in mind the fact that records are NOT uniquely identified by the variable Youth_I. Records are uniquely identified by the **combination** of variables: Youth_I, Center_I, and Intake_D. For information on unduplicating the data files, see the section entitled “Unduplicating the Data Files” in Section two of this document.

Missing data

There are at least five reasons why a variable may be missing for a given case:

- A Youth may leave the program before complete data can be collected. This problem is mainly relevant to the Basic Center Programs.
- Some of the fields on the RHY MIS forms are optional. Hence, some agencies will not request that information from youths.

- Some of the fields on the RHY MIS forms are not applicable to some youths. When a variable is not filled out, you do not know if the information was not applicable, or whether it was simply not asked.
- Some agencies never fill out some fields even though the fields are not optional. This is often because their program does not provide that type of service, or the field simply doesn't relate to what they do. In these cases you do not know if the field was not applicable or was simply missing information.
- The variables relating to income are often not filled out. When they are filled out, they generally represent the income of the family and not that of the youth.

Complicating Issues

Data Consistency

There are four interrelated factors that impact data consistency among RHY grantee agencies:

- limited resources
- staff turnover and limited of staff training
- the complex nature of the issues presented by clients being served, including high mobility
- the autonomy given to each agency to develop data recording procedures most appropriate to their needs

Each of these factors, individually and in combination, have contributed to inconsistencies and variance in data quality among the RHY agencies. The RHY MIS was designed to allow individual programs great flexibility. Because the RHY programs may each make use of different information management and assessment, the RHY MIS was developed to collect information from a range of instruments. Also, the RHY MIS was designed to capture not only services provided by the RHY agencies, but also service information provided by various community providers. Thus, the RHY MIS provides a standardized documentation of varying models of service delivery across agencies. This approach contributes to the quality and quantity of data that has been collected, but it also complicates the interpretation of data across agencies.

Youth Identification Numbers

Ten character alphanumeric youth ID numbers are generated by a RHY MIS encoding algorithm at each agency computer. If two youth have the same last name and birth date, the RHY MIS asks the user if these are two separate youth. If it is the same youth returning to the program, the ID is retained with a new intake date. If they are two different youth, the ID generated for the second youth is different.

It is important to note that runaway youths do not always provide their true name and birth dates. If a different name or birth date is provided by a youth on subsequent entries to an agency shelter, the RHY MIS will provide the youth with a new youth ID, treating the repeat intake as an unduplicated youth record.

Babies of Runaway and Homeless Youth

Some programs provide services to the babies of youth that enter services. Agencies deal with this in different ways. In some of the programs the babies are counted as additional runaways. In other programs they are not.

Entry into Multiple RHY Programs

Some of the agencies operate multiple programs (e.g. a BC and a TLP). These agencies typically want to track the youth served by the different programs and the type of services provided to them by different programs.

The RHY MIS was designed so that one youth may not have an open, active record in more than one program at a time. When a youth exits from one agency program (i.e., BC), and subsequently enters a different agency program (i.e., TLP), the second admission is treated in the RHY MIS as a new intake with the same youth ID (duplicated youth). This allows grantee agencies to generate reports and analyze data separately for each program being operated.

The RHY MIS Includes Some Information from Non-RHY Grant Programs. Uses of the RHY MIS data

Some RHY grantee agencies have chosen to use the RHY MIS as an agency-wide information system, and utilize the software even for programs that are not supported with an RHY grant. Because of the interest in the social services field to use one system for all of a grantee agency's programs, some of the youth represented in the RHY MIS FY 1996 dataset may not be youth whose support comes specifically from an RHY grant. Thus, it is important that the RHY MIS data not be used to generate yearly estimates of runaway/homeless youth. The RHY data may be used to describe the characteristics of the runaway, homeless, and at-risk youth population.

Please contact the Archive directly if you have questions or encounter problems in using this dataset. Do not contact the principal investigator. The Archive has made an agreement with the investigator to field all questions related to the study.

II. BIBLIOGRAPHY

The references for this document are divided into two sections: The first section provides the citations for documents produced from the RHY MIS data files. The second section provides the citations for documents pertaining to runaway, homeless and other high risk youth. Please note that this bibliography is not meant to provide an exhaustive or representative list of documents published from, and related to the dataset. It is meant to provide the researcher with a starting point to begin a literature search.

Documents Published from the RHY MIS

U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families (1995). *Report to the Congress on the Youth Programs of the Family and Youth Services Bureau for Fiscal Year 1995*. Prepared by Johnson, Bassin, and Shaw, Inc. Contract No. 105-92-1709.

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APPENDIX A

Data Collection Form

This form tracks the Youth's service history at this agency. Fill in items 3, 4 & 5 each time the youth goes through the intake process for a program at this agency. Item 6 is for optional use. Items 7 - 12 should be completed each time the youth exits a program at this agency.

1. Agency ID:					2. Youth ID:						
3. Primary Counselor ID.	4. Intake Date	5. Program Name	6. Service Status (Optional)	7. Exit Date	8. Discharge Status at Exit	9. Living Situation at Exit	10. Employment Status at Exit	11. School Program at Exit	12. School Status at Exit		

(5) PROGRAM NAME

D. _____

E. _____

F. _____

G. _____

H. _____

(6) SERVICE STATUS (OPTIONAL)

- a. Full Admission
- b. Orientation/Probation
- c. Initial Contact/Waiting List
- d. Drop-In
- e. Hot-Line
- f. Street Outreach

(8) DISCHARGE STATUS

- a. Services Completed, After Care Planned
- b. Services Completed, No Referral Made
- c. Services Completed, Referral Made
- d. Parent(s) Stopped Services
- e. Youth Stopped Services
- f. Family Moved
- g. Youth Violated Program Rules
- h. Youth Removed By Protective Agency
- i. Other

(9) LIVING SITUATION AT EXIT

- a. Parent/Guardian's Home
- b. Other Parent's Home
- c. Relative's Home
- d. Friend's Home
- e. Other Adult's Home
- f. Foster
- g. Group Home
- h. Transitional Living Program
- i. Independent Living Program
- j. Job Corp
- k. Basic Center
- l. Homeless Family Center
- m. Living Independently
- n. On the Run
- o. On the Street
- p. In Squat
- q. Educational Institute
- r. Drug Treatment Center
- s. Residential Treatment
- t. Mental Hospital
- u. Correctional Institute/Dentention Center
- v. Other Institution
- w. Other Temporary Shelter
- x. Military
- y. Other
- z. Do Not Know

(10) EMPLOYMENT STATUS AT EXIT

- a. Full Time (Over 35 Hours)
- b. Part Time
- c. Volunteer
- d. Seasonal / Sporadic
- e. Not Employed, Looking for Work
- f. Not Employed
- g. Never Employed
- h. Do Not Know / Other

(11) SCHOOL PROGRAM AT EXIT

- a. Elem/Middle/High School
- b. GED
- c. Vocational
- d. Special Education
- e. Alternative/Homebound Program
- f. Post-Secondary
- g. College
- h. Not Applicable
- l. Do Not Know

(12) SCHOOL STATUS AT EXIT

- a. Attending School Regularly
- b. Graduated High School
- c. Completed GED
- d. Attending School Irregular/Extended Truancy
- e. Dropped Out
- f. Suspended
- g. Expelled
- h. School Not In Session
- l. Do Not Know

PART I: YOUTH DEMOGRAPHICS

For each youth served by the program, complete this form at, or soon after, intake. It records basic information about the youth and his or her household. To complete the form, circle the code or place check marks in the boxes below that best answer each question. For questions without coded responses, write the appropriate responses in the space provided.

YOUTH CHARACTERISTICS

1. Agency ID: 2. Youth ID:
 3. Intake Date: / / 4. Date of Birth: / /

5. Gender: (Circle one) Female Male

6. How does the youth describe himself or herself using these census categories? (Circle one)

- a. American Indian or Alaskan Native
- b. Asian or Pacific Islander
- c. Black, not of Hispanic Origin
- d. Hispanic
- e. White, not of Hispanic Origin

7a. Would services be delivered more effectively in a language other than English? (Circle one) Yes No

b. In what language(s) does the youth communicate? (Check all that apply)

- An American Indian or Alaskan Native Language
- An Asian or Pacific Island Language
- English
- Sign
- Spanish
- Other

8. Is the youth a refugee? (Circle one) Yes No

9. Marital Status: (Circle one)

- a. Single, Never Married
- b. Single, Living with Partner
- c. Married
- d. Other

10. Is the youth pregnant, or is a female pregnant by youth? (Circle one)

- a. Yes
- b. No
- c. Do Not Know

11. How many children does the youth have?

PART I: YOUTH DEMOGRAPHICS (continued)

12. School Program Last Attended: (Circle one)

- a. Elem/Middle/High School
- b. GED
- c. Vocational
- d. Special Education
- e. Alternative/Homebound Program
- f. Post-Secondary
- g. College
- h. Not Applicable
- i. Do Not Know

13. School Status: (Circle one)

- a. Attending School Regularly
- b. Graduated High School
- c. Completed GED
- d. Attending School Irregularly/Extended Truancy
- e. Dropped Out
- f. Suspended
- g. Expelled
- h. School Not in Session
- i. Do Not Know

14. Last Grade Completed: (Circle one)

- | | |
|--------------------|----------------------------------|
| a. Grade 5 or less | g. Grade 11 |
| b. Grade 6 | h. Grade 12 |
| c. Grade 7 | i. 1-3 Years of College |
| d. Grade 8 | j. 4 or More Years of College |
| e. Grade 9 | k. Other Post-Secondary Training |
| f. Grade 10 | l. School Program Not Graded |

LIVING SITUATION:

15. Youth's Legal Residence: a. County _____ b. Zip _____ - _____

16. Estimate the number of living situations in which youth has resided in the last month:

17. Last Living Situation of Youth: (Circle one)

- | | | |
|--------------------------------|---------------------------|--|
| a. Parent/Legal Guardian Home | j. Job Corps | s. Residential Treatment |
| b. other Parent's Home | k. Basic Center | t. Mental Hospital |
| c. Relative's Home | l. Homeless Family Center | u. Correctional Institute/
Detention Center |
| d. Friend's Home | m. Living Independently | v. Other Institution |
| e. Other Adult's Home | n. On the Run | w. Other Temporary Shelter |
| f. Foster Home | o. On the Street | x. Military |
| g. Group Home | p. In Squat | y. Other |
| h. Transitional Living Program | q. Educational Institute | z. Do Not Know |
| i. Independent Living Program | r. Drug Treatment Center | |

18. Primary Living Situation for Past Year: (Circle one)

- | | | |
|--------------------------------|---------------------------|--|
| a. Parent/Legal Guardian Home | j. Job Corps | s. Residential Treatment |
| b. other Parent's Home | k. Basic Center | t. Mental Hospital |
| c. Relative's Home | l. Homeless Family Center | u. Correctional Institute/
Detention Center |
| d. Friend's Home | m. Living Independently | v. Other Institution |
| e. Other Adult's Home | n. On the Run | w. Other Temporary Shelter |
| f. Foster Home | o. On the Street | x. Military |
| g. Group Home | p. In Squat | y. Other |
| h. Transitional Living Program | q. Educational Institute | z. Do Not Know |
| i. Independent Living Program | r. Drug Treatment Center | |

PART I: YOUTH DEMOGRAPHICS (continued)

HOUSEHOLD SITUATION:

19a. Employment Status of the Youth: (Circle one)

- a. Full Time (Over 35 Hours)
- b. Part Time
- c. Volunteer
- d. Seasonal/Sporadic
- e. Not Employed, Looking for work
- f. Not Employed
- g. Never Employed
- h. Do Not Know

b. Is the youth's father figure employed? (Circle one)

- a. Yes
- b. No
- c. Do Not Know
- d. Not Applicable

c. Is the youth's mother figure employed? (Circle one)

- a. Yes
- b. No
- c. Do Not Know
- d. Not Applicable

d. Is the youth's spouse/partner employed? (Circle one)

- a. Yes
- b. No
- c. Do Not Know
- d. Not Applicable

20. Have any of the youth's household members run away or been thrown away? (Circle one)

- a. Yes
- b. No
- c. Do Not Know
- d. Not Applicable

21. Youth's Household Members: **PLACE A NUMBER** in the box to indicate the quantity of each member type that resides in the youth's household.

HOUSEHOLD MEMBER TYPE	
<p><u>FEMALE</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Biological Mother <input type="checkbox"/> Adoptive Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Foster Mother <input type="checkbox"/> Parent's Partner <input type="checkbox"/> Youth's Spouse/Partner <input type="checkbox"/> Aunt <input type="checkbox"/> Grandmother <input type="checkbox"/> Sister <input type="checkbox"/> Step/Half-Sister <input type="checkbox"/> Youth's Daughter <input type="checkbox"/> Other: Relative <input type="checkbox"/> Other: Non-Relative 	<p><u>MALE</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Biological Father <input type="checkbox"/> Adoptive Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Foster Father <input type="checkbox"/> Parent's Partner <input type="checkbox"/> Youth's Spouse/Partner <input type="checkbox"/> Uncle <input type="checkbox"/> Grandfather <input type="checkbox"/> Brother <input type="checkbox"/> Step/Half-Brother <input type="checkbox"/> Youth's Son <input type="checkbox"/> Other: Relative <input type="checkbox"/> Other: Non-Relative

PART I: YOUTH DEMOGRAPHICS (continued)

22a. Is youth and/or someone in the household receiving unearned income?

- a. Yes b. No c. Do Not Know d. Not Applicable

b. If yes, what type of unearned income? (Check all that apply)

<p>A. <u>Income Maintenance</u></p> <p><input type="checkbox"/> Foster Care</p> <p><input type="checkbox"/> Supplemental Security Income</p> <p><input type="checkbox"/> AFDC</p> <p><input type="checkbox"/> Welfare (not AFDC)</p> <p><input type="checkbox"/> Unemployment Compensation</p> <p><input type="checkbox"/> State Allowances</p> <p><input type="checkbox"/> Other</p>	<p>C. <u>Nutritional Assistance</u></p> <p><input type="checkbox"/> Women, Infants, and Children</p> <p><input type="checkbox"/> Food Stamps</p> <p><input type="checkbox"/> Other</p>
<p>B. <u>Housing Services</u></p> <p><input type="checkbox"/> Temporary Housing/Shelter</p> <p><input type="checkbox"/> Federal Low-Income</p> <p><input type="checkbox"/> Other Low-Income Housing</p> <p><input type="checkbox"/> Other</p>	<p>D. <u>Medical Assistance</u></p> <p><input type="checkbox"/> Medicaid</p> <p><input type="checkbox"/> Medicare</p> <p><input type="checkbox"/> State Program for Disease/Disabilities</p> <p><input type="checkbox"/> Other</p>
	<p>E. <u>Community Center</u></p> <p><input type="checkbox"/> Religious Affiliation</p> <p><input type="checkbox"/> Other</p>

23. Who are the youth's legal guardians? (Circle one or two, as applicable)

<u>FEMALE</u>	<u>Male</u>	<u>OTHER</u>
a. Biological Mother	k. Biological Father	u. Child Welfare/DSS
b. Adoptive Mother	l. Adoptive Father	v. Juvenile Justice/DJS
c. Step-Mother	m. Step-Father	w. Self
d. Foster Mother	n. Foster Father	x. Do Not Know
e. Parent's Partner	o. Parent's Partner	
f. Youth's Spouse/Partner	p. Youth's Spouse/Partner	
g. Aunt	q. Uncle	
h. Grandmother	r. Grandfather	
i. Sister	s. Brother	
j. Other	t. Other	

REFERRAL:

24. Who referred the youth to the agency? (Circle one)

- | | |
|----------------------------|--------------------------------|
| a. Self Referral | k. School Staff |
| b. Parent's/Legal Guardian | l. Street Outreach |
| c. Foster Parent | m. Religious Organization |
| d. Other Relative | n. Other Agency Program |
| e. Other Youth | o. Other Youth Services Agency |
| f. Other Adult | p. Other Organization |
| g. Child Welfare/CPS | q. National Switchboard |
| h. Safe Place | r. Other Hotline |
| i. Law Enforcement/Police | s. Do Not Know |
| j. Juvenile Justice | |

PART I: YOUTH DEMOGRAPHICS (continued)

REFERRAL (continued):

25. Where did the youth hear about agency? (Check all that apply)

<input type="checkbox"/> Referral Source (Item 24)	<input type="checkbox"/> Street Outreach
<input type="checkbox"/> Public Media	<input type="checkbox"/> Public Presentations
<input type="checkbox"/> Other Youth	<input type="checkbox"/> Other Forms of Promotional Materials
<input type="checkbox"/> School	<input type="checkbox"/> Other

RUNAWAY AND HOMELESS YOUTH STATUS:

26. Status of youth at intake: (Circle one)

a. At Home	e. Emancipated
b. Runaway	f. Juvenile Justice Placement
c. Throwaway	g. Child Welfare Placement
d. Homeless	h. Other

NOTE: If the youth is not currently runaway, throwaway, or homeless, skip to Question 30.

27. How long has the youth been a runaway, throwaway or homeless? (Circle one)

a. Overnight	g. 22-28 days
b. 1 day	h. 29-56 days
c. 2-4 days	i. More than 56 days
d. 5-7 days	j. Do Not Know
e. 8-14 days	k. Not Applicable
f. 15-21 days	

28. Distance of Household from Program: (Circle one)

a. Less than 1 Mile	e. 51-100 Miles
b. 1-10 Miles	f. More than 100 Miles
c. 11-20 Miles	g. Not Applicable
d. 21-50 Miles	

29. Location of Household Relative to the Program: (Circle one)

a. In same Community	e. In Different State
b. In Same Metropolitan Area	f. In Different Country
c. In Same Rural Community	g. Not Applicable
d. Elsewhere in Same State	

30. Previous Runaway Information:

- a. How many times has the youth runaway?
- b. Of these runaway episodes, how many resulted in receipt of services from this agency?
- c. Of these runaway episodes, how many resulted in receipt of services from another agency?

PART II: OPTIONAL CONTACT INFORMATION

This form is provided to allow service providers to record important identifying information and contacts for the youth being served. This information is optional and will NOT be included with the quarterly data submission.

Agency ID: Youth ID: Intake Date: / / **YOUTH'S INFORMATION**

1. Youth's Name: _____ Alias Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ - _____

County: _____

Telephone No.: _____

SCHOOL INFORMATION

2. School Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ - _____

County: _____

Telephone No.: _____ Fax No.: _____

OPTIONAL IDENTIFICATION NUMBERS

3. Case No.: _____ 4. Social Security No.: _____

5. Medicaid No.: _____ 6. CPS No.: _____

7. Other (specify): _____
_____ # _____**HEALTH INSURANCE INFORMATION**

8. Insurance Company: _____

Insurance No.: _____ Group No.: _____ Telephone No.: _____

PART II: OPTIONAL CONTACT INFORMATION (Continued)

9. Notes:

CONTACT INFORMATION

RELATIONSHIP OF CONTACT TO YOUTH

- | | |
|-------------------------|----------------------------|
| a. Parent | g. Social Worker |
| b. Grandparent | h. Mental Health Therapist |
| c. Sibling | i. School Counselor |
| d. Other Adult Relative | j. Employer |
| e. Legal Guardian | k. Other |
| f. Probation Officer | |

10. Contacts:

a. Relation : (Enter Code)

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ - _____

County: _____ Telephone No.: _____

b. Relation: (Enter Code)

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ - _____

County: _____ Telephone No.: _____

c. Relation: (Enter Code)

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ - _____

County: _____ Telephone No.: _____

PART III: YOUTH'S ISSUES

This form is designed to record information about issues facing runaway and homeless youth. The form should be filled out by a staff member at intake after meeting with the youth and possibly the family. The form should be reviewed and updated at exit or at three month intervals following with the intake date. This review and update will ensure that any additional insight into the youth's problems gained during his or her services will be recorded.

1. Agency ID:

2. Youth ID:

3. Intake Date:

4. Issues presented by Youth: (Check all that apply) NOTE: A response under each category is not necessary. The responses should reflect the youth's and staff members' perceptions.

A. HOUSEHOLD DYNAMICS:

- Relationship with Father Figure
- Relationship with Mother Figure
- Relationship with Parent Partner
- Relationship between Parent Figures
- Relationship with Spouse/Partner
- Relationship with Foster/Group Home Member
- Relationship with Other Household Member
- No Parental Figure
- Youth Unsupervised
- Divorced Family
- Blended Family
- Youth Wants to Live with Other Parent
- Other

B. HOUSING ISSUES:

- Youth Homeless
- Family Homeless
- Youth Rejected From Homeless Shelter
- Custody Change
- Chose to Leave Previous Residence
- Forced to Leave Previous Residence
- Legally Evicted From Previous Residence
- Other

C. SCHOOL/EDUCATION ISSUES:

- Bad Grades
- Illiteracy
- Learning Disability
- Cannot Get Along with Teachers
- Poor School Attendance/Truancy
- Dropped Out
- Suspended
- Expelled
- Other

D. PSYCHOLOGICAL ISSUES:

- Youth Depressed
- Youth Suicidal
- Poor Self Image
- Youth's Sexuality/Behavior
- Youth's Sexual Orientation
- Parent Figure's Sexuality/Behavior
- Parent Figure's Sexual Orientation
- Searching for Biological Parent
- Racial/Ethnic Identity
- Loss and Grief Issues of Youth
- Abandonment
- Suicidal Friend(s) of Youth
- Suicidal Family Member(s)
- Witnessed Violent Crime
- Crime Victim
- Mental Health Problem of Family Member
- Other

E. HEALTH ISSUES:

- Youth Has/Suspects Sexually Transmitted Disease
- Youth Has/Suspects HIV/AIDS Infection
- Family Planning
- Pregnancy
- Eating Disorder
- Youth Physically Challenged
- Youth Not Appropriately Using Medication
- Health Problem of Family Member
- Other Chronic Health Problem of Youth
- Other Current Health Problem of Youth

F. YOUTH HAVING TROUBLE GETTING SERVICES:

- Child Protective Services
- Social Services
- Alcohol and Other Drug Treatment Program
- Day Care
- Education Program
- Other

PART III: YOUTH'S ISSUES (continued)

G. PHYSICAL ABUSE/ASSAULT:

- By Father Figure
- By Mother Figure
- By Parent's Partner
- By Spouse/Partner
- By Foster/Group Home Member
- By Other Household Member
- By Other Non-Household Member
- Domestic Violence
- Youth Assaulting Other
- Other

H. SEXUAL ABUSE/ASSAULT:

- By Father Figure
- By Mother Figure
- By Parent's Partner
- By Spouse/Partner
- By Foster/Group Home Member
- By Other Household Member
- By Other Non-Household Member
- Youth Assaulting Other
- Other

I. EMOTIONAL ABUSE:

- By Father Figure
- By Mother Figure
- By Parent's Partner
- By Spouse/Partner
- By Foster/Group Home Member
- By Other Household Member
- By Other Non-Household Member
- Youth Abusing Household Member
- Other

J. ALCOHOL AND OTHER DRUG ABUSE:

- Substance Abuse by Household Member
- Substance Abuse by Spouse/Partner
- Substance Abuse by Youth
- Other

K. SOCIALIZATION ISSUES:

- Lack of Social Skills
- Problem With Peers

K. SOCIALIZATION ISSUES (con't):

- Violent Youth Behavior
- Gang Involvement by Youth
- Cult Involvement
- Survival Sex
- Prostitution
- Selling Drugs
- Other

L. NEGLECT:

- By Father Figure
- By Mother Figure
- By Parent's Partner
- By Spouse/Partner
- By Foster/Group Home Member
- By Other Household Member
- Youth Neglecting Child
- Youth Neglecting Spouse/Partner
- Other

M. INVOLVEMENT WITH JUSTICE SYSTEM:

- Youth Charged with Misdemeanor
- Youth Charged with Felony
- Alcohol or Other Drug Possession/Distribution (Youth)
- Drug Possession/Distribution (Parent Figure)
- Youth on Probation/Suspended Sentence
- Status Offense
- Use of Guns/Weapons
- Youth on Parole
- Youth in Need of Supervision
- Household Member Involvement
- Spouse/Partner
- Immigration/Naturalization
- Other

N. UNEMPLOYMENT:

- Father Figure
- Mother Figure
- Parent's Partner
- Spouse/Partner
- Youth Unemployment
- Other

5a. Has the youth contemplated suicide? (Circle one) Yes No If Yes:

b. Estimate the number of times youth has attempted suicide (Enter zero if none):

c. Number of times the youth has been hospitalized after suicide attempts (Enter zero if none):

PART IV: ASSESSMENT - ATOD INFORMATION

Complete this form at intake for each youth served who has indicated an issue with alcohol, tobacco, or other drugs (Part III, Category J).

1. Agency ID: 2. Youth ID:

3. Intake Date: / /

4. On How Many Occasions (if any) Has Youth:

	NUMBER OF OCCASIONS					AGE AT FIRST USE			
	Never Tried	1-2	3-9	10-29	30+	11 or younger	12-14	15-17	18 or older
A) Smoked Cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1) In the youth's lifetime:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
2) During the past 6 months:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
B) Used Smokeless Tobacco (chewing tobacco, snuff)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1) In the youth's lifetime:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
2) During the past 6 months:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
C) Had Beer, Wine (other than for religious use) or Wine Coolers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1) In the youth's lifetime:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
2) During the past 6 months:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
D) Had Liquor (such as rum, vodka, or whiskey)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1) In the youth's lifetime:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
2) During the past 6 months:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
E) Had Five or More Servings of any Alcohol on the Same Occasion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1) In the youth's lifetime:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
2) During the past 6 months:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
F) Used Inhalants (glue, paint, rush, cleaning fluids, gasoline)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1) In the youth's lifetime:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
2) During the past 6 months:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
G) Used Over-the-Counter Drugs (diet pills, No-Doz, caffeine) Above the Recommended Dosage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1) In the youth's lifetime:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
2) During the past 6 months:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

PART IV: ASSESSMENT - ATOD INFORMATION (continued)

5. Has the youth ever used illicit drugs? (Circle one) Yes No
If no, skip to question 6.

On How Many Occasions (if any) Has the Youth:

	NUMBER OF OCCASIONS					AGE AT FIRST USE			
	Never Tried	1-2	3-9	10-29	30+	11 or younger	12-14	15-17	18 or older
H) Used Marijuana/Hashish									
1) In the youth's lifetime:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) During the past 6 months:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
I) Used Cocaine (exclude use of Crack)									
1) In the youth's lifetime:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) During the past 6 months:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
J) Smoked Crack Cocaine (rock)									
1) In the youth's lifetime:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) During the past 6 months:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Has the Youth Ever:

K) Taken Steroids	Yes	No	P) Used Two or More Drugs on the Same Occasion (exclude alcohol and tobacco)	Yes	No
L) Taken Stimulants (such as Prescription Diet Pills, Uppers, Speed, ice)	Yes	No	Q) Used Alcohol and Marijuana on the Same Occasion	Yes	No
M) Taken Depressants (such as valium, quaaludes)	Yes	No	R) Used a Needle to Inject Cocaine, Heroin, or Illicit Drug	Yes	No
N) Taken Narcotics (such as heroin/smack, codeine, morphine, dilaudid)	Yes	No			
O) Taken Hallucinogens (such as PCP/angel dust, LSD/acid, mescaline, mushrooms, ecstasy)	Yes	No			

6. Has the Youth Ever Been Asked to Sell Drugs? (circle one) Yes No

7. Has the Youth Ever Sold Drugs? (circle one) Yes No

PART IV: ASSESSMENT - ATOD INFORMATION (continued)

8. How Was the Youth First Influenced to Use:

	Never Tried	Parent Figures	Other Household Member	Friends	Through Selling It	Other
A) Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B) Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Household Members' Substance Use:

	Drug Use			Alcohol Abuse		
	Yes	No	N/A	Yes	No	N/A
A) Mother Figure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B) Father Figure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C) Spouse/Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D) Other Significant Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART V: SERVICES TO YOUTH

Part V, Services to Youth, records information on services provided to youth either directly or through referral while the youth is on active caseload. One form will be completed for each program in which the youth has been admitted. A staff member should complete this form at the youth's exit from each program.

- 1. Agency ID:
- 2. Youth ID:
- 3. Intake Date:

4. Other individuals Participating in Services: **PLACE A NUMBER** in the Box to indicate the quantity of each person participating in services.

<u>FEMALE</u>	<u>MALE</u>
<input type="checkbox"/> Biological Mother	<input type="checkbox"/> Biological Father
<input type="checkbox"/> Adoptive Mother	<input type="checkbox"/> Adoptive Father
<input type="checkbox"/> Step-Mother	<input type="checkbox"/> Step-Father
<input type="checkbox"/> Foster Mother	<input type="checkbox"/> Foster Father
<input type="checkbox"/> Parent's Partner	<input type="checkbox"/> Parent's Partner
<input type="checkbox"/> Youth's Spouse/Partner	<input type="checkbox"/> Youth's Spouse/Partner
<input type="checkbox"/> Aunt	<input type="checkbox"/> Uncle
<input type="checkbox"/> Grandmother	<input type="checkbox"/> Grandfather
<input type="checkbox"/> Sister	<input type="checkbox"/> Brother
<input type="checkbox"/> Step/Half-Sister	<input type="checkbox"/> Step/Half-Brother
<input type="checkbox"/> Youth's Daughter	<input type="checkbox"/> Youth's Son
<input type="checkbox"/> Other Relative	<input type="checkbox"/> Other Relative
<input type="checkbox"/> Non-Relative	<input type="checkbox"/> Non-Relative

5. Primary Method of Payment Services: (Circle One)

- a. No Charge
 - b. Youth/Youth's Family
 - c. Social Welfare Agency
 - d. Juvenile Justice Agency
 - e. Other

PART V: SERVICES TO YOUTH (continued)

6. Services Received by Youth: check all that apply. Leave blank if service was not received by the youth. It is not necessary to provide a response under each category. Categories A and B provide space to record number of hours of service received.

A. Counseling/Therapy	This Agency		Coordinating Agency	Referral Made, Services Provided	Referral Made, Status Unknown	Other	Enter Service Hours
Crisis Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Individual (Youth)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Individual (Parent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Home-Based	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Group (Youth)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Group (Parent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Outdoor Adventure/Challenge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Peer (Youth)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Expressive/Art	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

B. Youth Education

Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tutoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Alternative Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
GED Prep / Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vocational Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

C. Life Skills Training

Estimated Hours of Service:

	This Agency		Coordinating Agency	Referral Made, Services Provided	Referral Made, Status Unknown	Other
	Formal	Informal				
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assertiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conflict Resolution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goal Setting / Life Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Budgeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumerism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leisure Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART V: SERVICES TO YOUTH (continued)

6. Services Received by Youth (Continued): (Check all that apply)

	This Agency	Coordinating Agency	Referral Made, Services Provided	Referral Made, Status Unknown	Other
D. Phone Services					
Crisis Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information and Referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Basic Support Services					
Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Health Care					
General Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychological or Psychiatric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol and Other Drug Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gynecological	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-Natal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV/AIDS Related	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Alcohol and Other Drug Prevention					
Education/Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Postive Peer Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative Activities/Recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refusal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Alternative Housing					
Other Youth Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Host Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transitional Living Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent Living Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Corps (Residential)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residential Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART V: SERVICES TO YOUTH (continued)

6. Services Received by Youth (Continued): (Check all that apply)

	This Agency	Coordinating Agency	Referral Made, Services Provided	Referral Made, Status Unknown	Other
I. Legal Services					
To the Youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To the Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Recreational Activities					
Organized Sports Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arts and Crafts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Field Trips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Support Groups					
Alcoholics Anonymous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Narcotics/Cocaine Anonymous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alateen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alanon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Employment					
Career Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employability Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Referral/Placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Corps (Non-Residential)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Area Services					
Outreach Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promotional/Inst. Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language Assistance Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respite Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Educational Events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training/Consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPENDIX B

Coding Information for DEMOFILE

Coding Information for DEMOFILE

This appendix contains coding information for all of the variables in DEMOFILE. The variables are presented in the order in which they appear in the data file.

Researchers who plan to use the substance abuse variables should be aware that substance abuse information was not collected for 5,999 youths. The variable "DRUGFLAG" is the penultimate variable on the data file, and indicates whether or not substance abuse information was collected.

Please note that the information listed for each variable includes a format statement. If the format begins with the letter "F" then the variable is numeric. If the format begins with the letter "A" then the variable is a string. The numbers in the format refer to the number of digits and decimal places allowed in the variable. For example, the variable "SEX" has a format F1.2. This means that it is a numeric variable and that it allows for one digit and two decimal places.

CENTER_I Unique Agency ID Number
Format: A8

YOUTH_ID Unique Youth ID Number
Format: A10

INTAKE_D Date youth enters the program, MMDDYY
Format: DATE12

SEX Youth's gender
Format: F1.2

Value Label

1.00 Female
2.00 Male
9.00 Blank

ETHNIC Youth's race
Format: F2.2

Value Label

1.00 American Indian or Alaskan Native
2.00 Asian or Pacific Islander
3.00 Black, Not of Hispanic Origin

4.00 Hispanic
5.00 White, Not of Hispanic Origin
99.00 Blank

ENGLISH Services best delivered not in English

Format: F1.2

Value Label

1.00 Yes

2.00 No

9.00 Blank

REFUGEE Is youth a refugee

Format: F1.2

Value Label

1.00 Yes

2.00 No

9.00 Blank

MARITAL Youth's marital status

Format: F2.2

Value Label

1.00 Single, Never Married

2.00 Single, Living with Partner

3.00 Married

4.00 Other

99.00 Blank

PREGNANT Is youth pregnant or a female pregnant by youth

Format: F1.2

Value Label

1.00 Yes

2.00 No

3.00 Do Not Know

9.00 Blank

NUM_CHIL How many children does youth have?
Format: F2.2

Value Label

.00 Default

MEMBA Biological Mother, Number in household
Format: F2.2

MEMBB Adoptive Mother ,Number in household
Format: F2.2

MEMBC Step-Mother, Number in household
Format: F2.2

MEMBD Foster Mother, Number in household
Format: F2.2

MEMBE Parent's Partner Female, Number in household
Format: F2.2

MEMBF Youth's Spouse Partner, Number in household
Format: F2.2

MEMBG Aunt, Number in household
Format: F2.2

MEMBH Grandmother, Number in household
Format: F2.2

MEMBI Sister, Number in household
Format: F2.2

MEMBJ Step Half Sister, Number in household
Format: F2.2

MEMBK Youth's Daughter, Number in household
Format: F2.2

MEMBL Other Relative Female, Number in household
Format: F2.2

MEMBM Other Non-Relative Female, Number in household
Format: F2.2

MEMBN Biological Father, Number in household
Format: F2.2

MEMBO Adoptive Father, Number in household
Format: F2.2

MEMBP Step-Father, Number in household
Format: F2.2

MEMBQ Foster Father, Number in household
Format: F2.2

MEMBR Parent's Partner Male, Number in household
Format: F2.2

MEMBS Youth's Spouse Partner, Number in household
Format: F2.2

MEMBT Uncle, Number in household
Format: F2.2

MEMBU Grandfather, Number in household
Format: F2.2

MEMBV Brother, Number in household
Format: F2.2

MEMBW Step Half-Brother, Number in household
Format: F2.2

MEMBX Youth's Son, Number in household
Format: F2.2

MEMBY Other Relative Male, Number in household
Format: F2.2

MEMBZ Other Non-Relative Male, Number in household
Format: F2.2

SCHOOLP School program of youth at intake or last attended
Format: F2.2

Value Label

- 1.00 Elementary Middle High School
- 2.00 GED
- 3.00 Vocational
- 4.00 Special Education
- 5.00 Alternative Homebound Program
- 6.00 Post-Secondary Training
- 7.00 College
- 8.00 Not Applicable
- 9.00 Do Not Know
- 99.00 Blank

SCHOOLS School Status of Youth at intake
Format: F2.2

Value Label

- 1.00 Attending School Regularly
- 2.00 Graduated High School
- 3.00 Completed GED
- 4.00 Attending School Irregularly Extended Truancy
- 5.00 Dropped Out
- 6.00 Suspended
- 7.00 Expelled
- 8.00 School Not in Session
- 9.00 Do Not Know
- 99.00 Blank

GRADE Highest Grade Completed at Intake

Format: F2.2

Value Label

1.00	Grade 5 or Less
2.00	Grade 6
3.00	Grade 7
4.00	Grade 8
5.00	Grade 9
6.00	Grade 10
7.00	Grade 11
8.00	Grade 12
9.00	1-3 Years of College
10.00	4 or More Years of College
11.00	Other Post-Secondary Education
12.00	School Program Not Graded
99.00	Blank

NUM_PLAC Number of Living Situations in Past Month

Format: F2.2

Value Label

.00	Default
-----	---------

LST_LIVE Last Living Situation of Youth
Format: F2.2

Value Label

- 1.00 Parent Legal Guardian s Home
- 2.00 Other Parent s Home
- 3.00 Relative s Home
- 4.00 Friend s Home
- 5.00 Other Adult s Home
- 6.00 Foster Home
- 7.00 Group Home
- 8.00 Transitional Living Program
- 9.00 Independent Living Program
- 10.00 Job Corps
- 11.00 Basic Center
- 12.00 Homeless Family Center
- 13.00 Living Independently
- 14.00 On the Run
- 15.00 On the Street
- 16.00 In Squat
- 17.00 Educational Institute
- 18.00 Drug Treatment
- 19.00 Residential Treatment
- 20.00 Mental Hospital
- 21.00 Correctional Institute Detention Center
- 22.00 Other Institution
- 23.00 Other Temporary
- 24.00 Military
- 25.00 Other
- 26.00 Do Not Know
- 99.00 Blank

PRM_LIVE Primary Living Situation of Youth in Past Year
Format: F2.2

Value Label

- 1.00 Parent Legal Guardian s Home
- 2.00 Other Parent s Home
- 3.00 Relative s Home
- 4.00 Friend s Home
- 5.00 Other Adult s Home
- 6.00 Foster Home
- 7.00 Group Home
- 8.00 Transitional Living Program
- 9.00 Independent Living Program
- 10.00 Job Corps
- 11.00 Basic Center
- 12.00 Homeless Family Center
- 13.00 Living Independently
- 14.00 On the Run
- 15.00 On the Street
- 16.00 In Squat
- 17.00 Educational Institute
- 18.00 Drug Treatment
- 19.00 Residential Treatment
- 20.00 Mental Hospital
- 21.00 Correctional Institute Detention Center
- 22.00 Other Institution
- 23.00 Other Temporary
- 24.00 Military
- 25.00 Other
- 26.00 Do Not Know
- 99.00 Blank

YEMP Employment Status of Youth
Format: F2.2

Value Label

- 1.00 Full-time over 35 hrs
- 2.00 Part-time
- 3.00 Seasonal Sporadic
- 4.00 Not Employed, Looking for Job
- 5.00 Not Employed
- 6.00 Never Employed
- 7.00 Do Not Know
- 99.00 Blank

FEMP Employment Status of Father
Format: F1.2

Value Label

- 1.00 Yes
- 2.00 No
- 3.00 Do Not Know
- 4.00 Not Applicable
- 9.00 Blank

MEMP Employment Status of Mother Figure
Format: F1.2

Value Label

- 1.00 Yes
- 2.00 No
- 3.00 Do Not Know
- 4.00 Not Applicable
- 9.00 Blank

SEMP Employment Status of Spouse Partner
Format: F1.2

Value Label

- 1.00 Yes
- 2.00 No

3.00 Do Not Know
4.00 Not Applicable
9.00 Blank

OTHER_RH Have any other in household runaway

Format: F1.2

Value Label

1.00 Yes
2.00 No
3.00 Do Not Know
4.00 Not Applicable
9.00 Blank

UN_INCOM Does Youth Family Get Unearned Income

Format: F1.2

Value Label

1.00 Yes
2.00 No
3.00 Do Not Know
4.00 Not Applicable
9.00 Blank

GUARDIAN Legal Guardian of Youth
Format: F2.2

Value Label

- 1.00 Biological Mother
- 2.00 Adoptive Mother
- 3.00 Stepmother
- 4.00 Foster Mother
- 5.00 Parent s Partner female
- 6.00 Youth s Spouse Partner female
- 7.00 Aunt
- 8.00 Grandmother
- 9.00 Sister
- 10.00 Other Female
- 11.00 Biological Father
- 12.00 Adoptive Father
- 13.00 Stepfather
- 14.00 Foster Father
- 15.00 Parent s Partner male
- 16.00 Youth s Spouse Partner male
- 17.00 Uncle
- 18.00 Grandfather
- 19.00 Brother
- 20.00 Other Male
- 21.00 Child Welfare DSS
- 22.00 Juvenile Justice DJS
- 23.00 Self
- 24.00 Do Not Know
- 99.00 Blank

SOURCE Who Referred Youth to Agency

Format: F2.2

Value Label

1.00 Self Referral
2.00 Parent Legal Guardian
3.00 Foster Parent
4.00 Other Relative
5.00 Other Youth
6.00 Other Adult
7.00 Child Welfare CPS
8.00 Safe Place
9.00 Law Enforcement Police
10.00 Juvenile Justice
11.00 School Staff
12.00 Street Outreach
13.00 Religious Organization
14.00 Other Agency Program
15.00 Other Youth Services Agency
16.00 Other Organization
17.00 National Switchboard
18.00 Other Hotline
19.00 Do Not Know
99.00 Blank

RHY_STAT Runaway Status of Youth at Intake

Format: F2.2

Value Label

1.00 At Home
2.00 Runaway
3.00 Throwaway
4.00 Homeless
5.00 Emancipated
6.00 Juvenile Justice Placement
7.00 Child Welfare Placement
8.00 Other
99.00 Blank

DAY_AWAY Time Youth Away from Home
Format: F2.2

Value Label

1.00 Overnight Only
2.00 1 Day
3.00 2-4 Days
4.00 5-7 Days
5.00 8-14 Days
6.00 15-21 Days
7.00 22-28 Days
8.00 29-56 Days
9.00 More than 56 Days
10.00 Do Not Know
11.00 Not Applicable
99.00 Blank

DISTANCE Distance Youth Ran from Home
Format: F2.2

Value Label

1.00 Less than a Mile
2.00 1-10 Miles
3.00 11-20 Miles
4.00 21-50 Miles
5.00 51-100 Miles
6.00 More than 100 Miles
7.00 Not Applicable
99.00 Blank

LOCATION Location of Home Relative to Agency
Format: F2.2

Value Label

1.00 In Same Community Neighborhood
2.00 In Same Metropolitan Area
3.00 In Same Rural Community
4.00 Elsewhere in Same State
5.00 In Different State
6.00 In a Different Country

7.00 Not Applicable

99.00 Blank

NUM_RUN Number Times Youth Ran Away
Format: F2.2

Value Label

.00 Default

NUM_CENT Number Times Ran to This Agency
Format: F2.2

Value Label

.00 Default

NUM_OTHE Number Times Ran to Another Agency
Format: F2.2

Value Label

.00 Default

PAYMENT Method of Payment for Services
Format: F2.2

Value Label

- 1.00 No Charge
- 2.00 Youth's Family
- 3.00 Social Welfare Agency
- 4.00 Juvenile Justice Agency
- 5.00 Other
- 99.00 Blank

LIFE_FRQ Hrs Week Life Skills Training Rcd while in RHY program
Format: F6.2

Value Label

.00 Default

SSTATUS Type of admission into program
Format: F2.2

Value Label

- 1.00 Full Admission
- 2.00 Orientation Probation
- 3.00 Initial Contact Waiting List
- 4.00 Drop-In
- 5.00 Hot Line
- 6.00 Street Outreach
- 99.00 Blank

EXIT_DT Date Youth Exits the Program, MM DD YY format.
Format: DATE12

DISCHARG Discharge Status of Youth
Format: F2.2

Value Label

- 1.00 Residential Services Completed, Aftercare Planned
- 2.00 Services Completed, No Referral Made
- 3.00 Services Completed, Referral Made
- 4.00 Parents Stopped Services
- 5.00 Youth Stopped Services
- 6.00 Family Moved
- 7.00 Youth Violated Program Rules
- 8.00 Youth Removed by Protective Agency
- 9.00 Other
- 99.00 Blank

EXIT_SIT Youth's Living Situation at Exit
Format: F2.2

Value Label

- 1.00 Parent Legal Guardian s Home
- 2.00 Other Parent s Home
- 3.00 Relative s Home
- 4.00 Friend s Home
- 5.00 Other Adult s Home
- 6.00 Foster Home
- 7.00 Group Home
- 8.00 Transitional Living Program
- 9.00 Independent Living Program
- 10.00 Job Corps
- 11.00 Basic Center
- 12.00 Homeless Family Center
- 13.00 Living Independently
- 14.00 On the Run
- 15.00 On the Street
- 16.00 In Squat
- 17.00 Educational Institute
- 18.00 Drug Treatment
- 19.00 Residential Treatment
- 20.00 Mental Hospital
- 21.00 Correctional Institute Detention Center
- 22.00 Other Institution
- 23.00 Other Temporary
- 24.00 Military
- 25.00 Other
- 26.00 Do Not Know
- 99.00 Blank

EMPLOY Youth's Employment Status at Exit

Format: F2.2

Value Label

- 1.00 Full-Time Over 35 hrs
- 2.00 Part-Time
- 3.00 Volunteer
- 4.00 Seasonal Sporadic
- 5.00 Not Employed, Looking for Job
- 6.00 Not Employed
- 7.00 Never Employed
- 8.00 Do Not Know
- 99.00 Blank

SCHOOL_P School program of youth AT EXIT

Format: F2.2

Value Label

- 1.00 Elementary Middle High School
- 2.00 GED
- 3.00 Vocational
- 4.00 Special Education
- 5.00 Alternative Homebound Program
- 6.00 Post-Secondary Training
- 7.00 College
- 8.00 Not Applicable
- 9.00 Do Not Know
- 99.00 Blank

SCHOOL_S School Status AT EXIT

Format: F2.2

Value Label

1.00 Attending School Regularly
2.00 Graduated High School
3.00 Completed GED
4.00 Attending School Irregularly Extended Truancy
5.00 Dropped Out
6.00 Suspended
7.00 Expelled
8.00 School Not in Session
9.00 Do Not Know
99.00 Blank

FIVE_A Has Youth Contemplated Suicide

Format: F1.2

Value Label

1.00 Yes
2.00 No
9.00 Blank

FIVE_B Number of Suicide Attempts

Format: F2.2

Value Label

.00 Default

FIVE_C Number Times Hospitalized for Suicide Attempts

Format: F2.2

Value Label

.00 Default

SIX_A1 Smoked Cigarettes in Youth's Lifetime

Format: A1

Value Label

- 1 Never Tried
- 2 1-2
- 3 3-9
- 4 10-29
- 5 30 or More
- 9 Blank

SIX_A2 Smoked Cigarettes in Past 6 Months

Format: A1

Value Label

- 1 Never Tried
- 2 1-2
- 3 3-9
- 4 10-29
- 5 30 or More
- 9 Blank

SIX_A3 Age First Smoked Cigarettes

Format: A1

Value Label

- 1 11 or Younger
- 2 12-14
- 3 15-17
- 4 18 Years or Older
- 9 Blank

SIX_B1 Used Smokeless Tobacco in Youth's Life

Format: A1

Value Label

- 1 Never Tried
- 2 1-2
- 3 3-9
- 4 10-29
- 5 30 or More
- 9 Blank

SIX_B2 Used Smokeless Tobacco in Past 6 Months

Format: A1

Value Label

- 1 Never Tried
- 2 1-2
- 3 3-9
- 4 10-29
- 5 30 or More
- 9 Blank

SIX_B3 Age First Used Smokeless Tobacco

Format: A1

Value Label

- 1 11 or Younger
- 2 12-14
- 3 15-17
- 4 18 Years or Older
- 9 Blank

SIX_C1 Had Beer, Wine, Wine Coolers in Life

Format: A1

Value Label

- 1 Never Tried
- 2 1-2
- 3 3-9
- 4 10-29
- 5 30 or More
- 9 Blank

SIX_C2 Had Beer, Wine, Wine Coolers in 6 Mo.

Format: A1

Value Label

- 1 Never Tried
- 2 1-2
- 3 3-9
- 4 10-29
- 5 30 or More
- 9 Blank

SIX_C3 Age First Had Beer, Wine, Wine Coolers

Format: A1

Value Label

- 1 11 or Younger
- 2 12-14
- 3 15-17
- 4 18 Years or Older
- 9 Blank

SIX_D1 Had Hard Liquor in Youth's Lifetime

Format: A1

Value Label

- 1 Never Tried
- 2 1-2
- 3 3-9
- 4 10-29
- 5 30 or More
- 9 Blank

SIX_D2 Had Hard Liquor in Past 6 Months

Format: A1

Value Label

- 1 Never Tried
- 2 1-2
- 3 3-9
- 4 10-29
- 5 30 or More
- 9 Blank

SIX_D3 Age First Had Hard Liquor

Format: A1

Value Label

- 1 11 or Younger
- 2 12-14
- 3 15-17
- 4 18 Years or Older
- 9 Blank

SIX_E1 Had ≥ 5 Alcohol Serv. Event in Life

Format: A1

Value Label

- 1 Never Tried
- 2 1-2
- 3 3-9

- 4 10-29
- 5 30 or More
- 9 Blank

SIX_E2 Had \geq 5 Alcohol Serv. Event in 6 Mo.
Format: A1

Value Label

- 1 Never Tried
- 2 1-2
- 3 3-9
- 4 10-29
- 5 30 or More
- 9 Blank

SIX_E3 Age First Had \geq 5 Alcohol Serv. Event
Format: A1

Value Label

- 1 11 or Younger
- 2 12-14
- 3 15-17
- 4 18 Years or Older
- 9 Blank

SIX_F1 Used Inhalants in Youth's Lifetime
Format: A1

Value Label

- 1 Never Tried
- 2 1-2
- 3 3-9
- 4 10-29
- 5 30 or More
- 9 Blank

SIX_F2 Used Inhalants in Past 6 Months
Format: A1

Value Label

- 1 Never Tried
- 2 1-2
- 3 3-9

- 4 10-29
- 5 30 or More
- 9 Blank

SIX_F3 Age First Used Inhalants

Format: A1

Value Label

- 1 11 or Younger
- 2 12-14
- 3 15-17
- 4 18 Years or Older
- 9 Blank

SIX_G1 Abused Over-Counter Drugs in Life

Format: A1

Value Label

- 1 Never Tried
- 2 1-2
- 3 3-9
- 4 10-29
- 5 30 or More
- 9 Blank

SIX_G2 Abused Over-Counter Drugs in 6 Mo.

Format: A1

Value Label

- 1 Never Tried
- 2 1-2
- 3 3-9
- 4 10-29
- 5 30 or More
- 9 Blank

SIX_G3 Age First Abused Over-Counter Drugs

Format: A1

Value Label

- 1 11 or Younger
- 2 12-14
- 3 15-17

- 4 18 Years or Older
- 9 Blank

SIXFLAG Has Youth Ever Used Illicit Drugs

Format: F1.2

Value Label

1.00 Yes
2.00 No
9.00 Blank

SIX_H1 Used Marijuana Hashish in Lifetime

Format: A1

Value Label

1 Never Tried
2 1-2
3 3-9
4 10-29
5 30 or More
9 Blank

SIX_H2 Used Marijuana Hashish in Past 6 Months

Format: A1

Value Label

1 Never Tried
2 1-2
3 3-9
4 10-29
5 30 or More
9 Blank

SIX_H3 Age First Used Marijuana Hashish

Format: A1

Value Label

1 11 or Younger
2 12-14
3 15-17
4 18 Years or Older
9 Blank

SIX_I1 Used Cocaine, Not Crack in Lifetime

Format: A1

Value Label

- 1 Never Tried
- 2 1-2
- 3 3-9
- 4 10-29
- 5 30 or More
- 9 Blank

SIX_I2 Used Cocaine, Not Crack in 6 Mo.

Format: A1

Value Label

- 1 Never Tried
- 2 1-2
- 3 3-9
- 4 10-29
- 5 30 or More
- 9 Blank

SIX_I3 Age First Used Cocaine, Not Crack

Format: A1

Value Label

- 1 11 or Younger
- 2 12-14
- 3 15-17
- 4 18 Years or Older
- 9 Blank

SIX_J1 Smoked Crack in Youth's Lifetime

Format: A1

Value Label

- 1 Never Tried
- 2 1-2
- 3 3-9

- 4 10-29
- 5 30 or More
- 9 Blank

SIX_J2 Smoked Crack in Past 6 Months

Format: A1

Value Label

- 1 Never Tried
- 2 1-2
- 3 3-9
- 4 10-29
- 5 30 or More
- 9 Blank

SIX_J3 Age First Smoked Crack

Format: A1

Value Label

- 1 11 or Younger
- 2 12-14
- 3 15-17
- 4 18 Years or Older
- 9 Blank

SEVEN_A Youth Ever Taken Steroids

Format: F1.2

Value Label

- 1.00 Yes
- 2.00 No
- 9.00 Blank

SEVEN_B Youth Ever Taken Stimulants

Format: F1.2

Value Label

- 1.00 Yes
- 2.00 No
- 9.00 Blank

SEVEN_C Youth Ever Taken Depressants

Format: F1.2

Value Label

1.00 Yes

2.00 No

9.00 Blank

SEVEN_D Youth Ever Taken Narcotics

Format: F1.2

Value Label

1.00 Yes

2.00 No

9.00 Blank

SEVEN_E Youth Ever Taken Hallucinogens

Format: F1.2

Value Label

1.00 Yes

2.00 No

9.00 Blank

SEVEN_F Youth Ever \geq 2 Drugs Occasion

Format: F1.2

Value Label

1.00 Yes

2.00 No

9.00 Blank

SEVEN_G Youth Used Alcohol & Pot Together

Format: F1.2

Value Label

1.00 Yes

2.00 No
9.00 Blank

SEVEN_H Youth Used Needle to Inject Drugs

Format: F1.2

Value Label

1.00 Yes

2.00 No

9.00 Blank

SEVEN_I Youth Ever Asked to Sell Drugs

Format: F1.2

Value Label

1.00 Yes

2.00 No

9.00 Blank

SEVEN_J Youth Ever Sold Drugs

Format: F1.2

Value Label

1.00 Yes

2.00 No

9.00 Blank

EIGHT_A How Youth Influenced to Use Alcohol

Format: A1

Value Label

1 Never Tried

2 Parent Figures

3 Other Household Members

4 Friends

5 Through Selling It

6 Other

9 Blank

EIGHT_B How Youth Influenced to Use Drugs

Format: A1

Value Label

- 1 Never Tried
- 2 Parent Figures
- 3 Other Household Members
- 4 Friends
- 5 Through Selling It
- 6 Other
- 9 Blank

NINE_AD Does Mother Use Drugs

Format: F1.2

Value Label

- 1.00 Yes
- 2.00 No
- 4.00 N A
- 9.00 Blank

NINE_AA Does Mother Abuse Alcohol

Format: F1.2

Value Label

- 1.00 Yes
- 2.00 No
- 4.00 N A
- 9.00 Blank

NINE_BD Does Father Use Drugs

Format: F1.2

Value Label

- 1.00 Yes
- 2.00 No
- 4.00 N A
- 9.00 Blank

NINE_BA Does Father Abuse Alcohol
Format: F1.2

Value Label

1.00 Yes
2.00 No
4.00 N A
9.00 Blank

NINE_CD Does Spouse Partner Use Drugs
Format: F1.2

Value Label

1.00 Yes
2.00 No
4.00 N A
9.00 Blank

NINE_CA Does Spouse Partner Abuse Alcohol
Format: F1.2

Value Label

1.00 Yes
2.00 No
4.00 N A
9.00 Blank

NINE_DD Does Other House Member Use Drugs
Format: F1.2

Value Label

1.00 Yes
2.00 No
4.00 N A
9.00 Blank

NINE_DA Does Other House Member Abuse Alcohol
Format: F1.2

Value Label

1.00 Yes
2.00 No
4.00 N A
9.00 Blank

INTAK_DY Day youth enters the program
Format: F8.2

INTAK_MO Month youth enters the program
Format: F8.2

INTAK_YR Year youth enters the program
Format: F8.2

BIRTH_MO Youth's month of birth
Format: F8.2

BIRTH_YR Youth's year of birth
Format: F8.2

L_NATIVE language: American Indian or Alaskan Native
Format: F8.2

Value Label

.00 notAmerican Indian or Alaskan Native language
1.00 American Indian or Alaskan Native language

L_ASIAN language: Asian or Pacific Islander
Format: F8.2

Value Label

.00 not asian or Pacific Islander language
1.00 asian or Pacific Islander language

L_ENGLIS language: English
Format: F8.2

Value Label

.00 not english
1.00 English

L_SIGN language: Sign
Format: F8.2

Value Label

.00 not sign
1.00 Sign

L_SPANIS language: Spanish
Format: F8.2

Value Label

.00 not spanish
1.00 spanish

L_OTHER language: Other
Format: F8.2

Value Label

.00 not other
1.00 other

INCA_FOS Foster Care: unearned income received by youth family at int
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 blank

INCA_SSI Supp. Security Income: unearned income rcd by youth family a
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 blank

INCA_AFD AFDC: unearned income received by youth family at intake
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 blank

INCA_WEL Welfare non-AFDC: unearned income rcd by youth family at int
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 blank

INCA_UNE Unemployment: unearned income received by youth family at in
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 blank

INCA_STA State allowances: unearned income received by youth family a
Format: F8.2

Value Label

.00 no

1.00 yes
9.00 blank

INCA_OTH Other: unearned income received by youth family at intake
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 blank

INCB_TMP Temp Housing: Housing Svcs unearned income rcd by youth fami
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 blank

INCB_FED Fed low-income housing: unearned income rcd by youth family
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 blank

INCB_LOW Other low-income housing: unearned income rcd by youth famil
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 blank

INCB_OTH Other: Housing Svcs unearned income rcd by youth family at i
Format: F8.2

Value Label

.00 no

1.00 yes
9.00 blank

INCC_WIC Women, Infants, Children: Nutrit assist. Unearned income rcd
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 blank

INCC_FOO Food Stamps: Nutrit assist. Unearned income rcd by youth fam
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 blank

INCC_OTH Other: Nutrit assist. Unearned income rcd by youth family
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 blank

INCD_AID Medicaid: Medical assist. Unearned income rcd by youth famil
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 blank

INCD_CAR Medicare: Medical assist. Unearned income rcd by youth famil
Format: F8.2

Value Label

.00 no

1.00 yes
9.00 blank

INCD_SPD State prg for disease disabil.: Medical assist. Unearned inc
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 blank

INCD_OTH Medicaid: Medical assist. Unearned income rcd by youth famil
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 blank

INCE_REL Religious Affil: Community center svcs. Unearned income rcd
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 blank

INCE_OTH Other: Community center svcs. Unearned income rcd by youth f
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 blank

DRUGFLAG Was information collected about substance abuse
Format: F8.2

Value Label

.00 no drug form filled out
1.00 drug form filled out

GUARDIA2 Second Legal Guardian of Youth
Format: F8.2

Value Label

- 1.00 Biological Mother
- 2.00 Adoptive Mother
- 3.00 Stepmother
- 4.00 Foster Mother
- 5.00 Parent s Partner female
- 6.00 Youth s Spouse Partner female
- 7.00 Aunt
- 8.00 Grandmother
- 9.00 Sister
- 10.00 Other Female
- 11.00 Biological Father
- 12.00 Adoptive Father
- 13.00 Stepfather
- 14.00 Foster Father
- 15.00 Parent s Partner male
- 16.00 Youth s Spouse Partner male
- 17.00 Uncle
- 18.00 Grandfather
- 19.00 Brother
- 20.00 Other Male
- 21.00 Child Welfare DSS
- 22.00 Juvenile Justice DJS
- 23.00 Self
- 24.00 Do Not Know
- 99.00 Blank

APPENDIX C

Coding Information for PROBFIELD

Coding Information for PROBFILE

This appendix contains coding information for all of the variables in PROBFILE. The variables are presented in the order in which they appear in the data file.

Please note that the information listed for each variable includes a Format statement. If the format begins with the letter "F" then the variable is numeric. If the format begins with the letter "A" then the variable is a string. The numbers in the format refer to the number of digits and decimal places allowed in the variable. For example, the variable "DRG_HHDM" has a format F8.2. This means that it is a numeric variable and that it allows for eight digits and two decimal places.

YOUTH_ID Unique Youth ID Number
Format: A10

CENTER_I Unique Agency ID Number
Format: A8

INTAKE_D Date Youth Enters the Program
Format: DATE12

DRG_HHDM Substance Abuse by Household Member
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

DRG_OTHR Substance Abuse by Other
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

DRG_SPOU Substance Abuse by Spouse/Partner
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

DRG_YUTH Substance Abuse by Youth
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

EDU_DROP Dropped Out, School issues
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

EDU_EXPL Expelled, School issues
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

EDU_GRAD Bad Grades, School issues
Format: F8.2

Value Label

.00 no

1.00 yes
9.00 missing

EDU_ILIT Illiteracy, School issues

Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

EDU_LDIS Learning Disability, School issues

Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

EDU_OTHR Other, school issues

Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

EDU_SUSP Suspended, School issues

Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

EDU_TCHR Cannot Get Along with Teachers, School issues

Format: F8.2

Value Label

.00 no

1.00 yes
9.00 missing

EDU_TRUN Poor School Attendance/Truancy, School issues
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

EMA_FATH By Father Figure, emotional abuse or assault
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

EMA_FOST By Foster/Group Home Member, emotional abuse or assault
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

EMA_HHDM By Other Household Member, emotional abuse or assault
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

EMA_MOTH By Mother Figure, emotional abuse or assault
Format: F8.2

Value Label

.00 no

1.00 yes
9.00 missing

EMA_NHHM By Other Non-Household Member, emotional abuse or assault
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

EMA_OTHR Other, emotional abuse or assault
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

EMA_PART By Parent's Partner, emotional abuse or assault
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

EMA_SPOU By Spouse/Partner, emotional abuse or assault
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

EMA_YASS Youth Assaulting Other, emotional abuse or assault
Format: F8.2

Value Label

.00 no

1.00 yes
9.00 missing

HHD_BLND Household Dynamics Blended Family
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

HHD_BTWN Household Dynamics Relationship between Parent Figures
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

HHD_DIVC Household Dynamics Divorced Family
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

HHD_FATH Household Dynamics Relationship with father Figure
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

HHD_FOST Household Dynamics Relationship with Foster/Group Home Membe
Format: F8.2

Value Label

.00 no

1.00 yes
9.00 missing

HHD_HHDM Household Dynamics Relationship with Other Household Member
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

HHD_LWOP Household Dynamics Youth Wants to Live with Other Parent
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

HHD_MOTH Household Dynamics Relationship with Mother Figure
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

HHD_NOPA Household Dynamics No Parental Figure
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

HHD_OTHR Household Dynamics Other
Format: F8.2

Value Label

.00 no

1.00 yes
9.00 missing

HHD_PART Household Dynamics Relationship with Parent's Partner
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

HHD_SPOU Household Dynamics Relationship with Spouse/Partner
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

HHD_UNSP Household Dynamics Youth Unsupervised
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

HOU_CHLV Chose to Leave Previous Residence
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

HOU_CSTD Custody Change
Format: F8.2

Value Label

.00 no

1.00 yes
9.00 missing

HOU_EVCT Legally Evicted from Previous Residence
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

HOU_FCLV Forced to Leave Previous Residence
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

HOU_FHLS Family Homeless
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

HOU_OTHR Housing Issues: Other
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

HOU_RJCT Youth Rejected from Homeless Shelter
Format: F8.2

Value Label

.00 no

1.00 yes
9.00 missing

HOU_YHLS Youth Homeless
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

HTH_AIDS Youth Has/Suspects AIDS/HIV Infection, health issues
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

HTH_CHRO Other Chronic Health Problem of Youth, health issues
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

HTH_CURR Other Current Health Problem of Youth , health issues
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

HTH_EDIS Eating Disorder, health issues
Format: F8.2

Value Label

.00 no

1.00 yes
9.00 missing

HTH_FMBR Health Problem of Family Member, health issues
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

HTH_FPLN Family Planning, health issues
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

HTH_MEDI Youth Not Appropriately Using Medication, health issues
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

HTH_PHSL Youth Physically Challenged, health issues
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

HTH_PREG Pregnancy, health issues
Format: F8.2

Value Label

.00 no

1.00 yes
9.00 missing

HTH_SXTD Youth Has/Suspects Sexually Transmitted Disease, health issu
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

JST_DDSN Alcohol or Other Drug Possession/Distribution (Youth)
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

JST_DRPO Drug Possession/Distribution (Parental Figure)
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

JST_FLNY Youth Charged with Felony
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

JST_GUNS Use of Guns/Weapons
Format: F8.2

Value Label

.00 no

1.00 yes
9.00 missing

JST_HHDM Household Member Involvement with justice system
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

JST_IMMIG Immigration/Naturalization issues with justice system
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

JST_MSDM Youth Charged with Misdemeanor
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

JST_OTHR Other involvement with justice system
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

JST_PROB Youth on Probation/Suspended Sentence
Format: F8.2

Value Label

.00 no

1.00 yes
9.00 missing

JST_PROL Youth on Parole
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

JST_SPOU Spouse/Partner Involvement with justice system
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

JST_STAT Status Offense
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

JST_SUPR Youth in Need of Supervision
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

NGL_FATH By Father Figure, neglect
Format: F8.2

Value Label

.00 no

1.00 yes
9.00 missing

NGL_FOST By Foster/Group Home Member, neglect
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

NGL_HHDM By Other Household Member, neglect
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

NGL_MOTH By Mother Figure, neglect
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

NGL_NGLC Youth Neglecting Child, neglect
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

NGL_NGLS Youth Neglecting Spouse/Partner, neglect
Format: F8.2

Value Label

.00 no

1.00 yes
9.00 missing

NGL_OTHR Other, neglect
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

NGL_PART By Parent's Partner, neglect
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

NGL_SPOU By Spouse/Partner, neglect
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

PAA_DOMV Domestic Violence, phys abuse or assault
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

PAA_FATH By Father Figure, phys abuse or assault
Format: F8.2

Value Label

.00 no

1.00 yes
9.00 missing

PAA_FOST By Foster/Group Home Member, phys abuse or assault
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

PAA_HHDM By Other Household Member, phys abuse or assault
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

PAA_MOTH By Mother Figure, phys abuse or assault
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

PAA_NHHM By Other Non-Household Member, phys abuse or assault
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

PAA_OTHR Other, phys abuse or assault
Format: F8.2

Value Label

.00 no

1.00 yes
9.00 missing

PAA_PART By Parent's Partner, phys abuse or assault
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

PAA_SPOU By Spouse/Partner, phys abuse or assault
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

PAA_YASS Youth Assaulting Other, phys abuse or assault
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

PSY_ABAN Abandonment, psych issues
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

PSY_CRIM Crime Victim, psych issues
Format: F8.2

Value Label

.00 no

1.00 yes
9.00 missing

PSY_DEPR Youth Depressed, psych issues
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

PSY_IMAG Poor Self Image, psych issues
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

PSY_LOSS Loss and Grief Issues of Youth, psych issues
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

PSY_MNTL Mental Problem of Family Member, psych issues
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

PSY_OTHR Other, psych issues
Format: F8.2

Value Label

.00 no

1.00 yes
9.00 missing

PSY_PSXB Parent Figure's Sexuality/Behavior, psych issues
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

PSY_P SXO Parent Figure's Sexual Orientation, psych issues
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

PSY_RACE Racial/Ethnic Identity, psych issues
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

PSY_SEXB Youth's Sexuality/Behavior, psych issues
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

PSY_SRCH Searching for Biological Parent, psych issues
Format: F8.2

Value Label

.00 no

1.00 yes
9.00 missing

PSY_SUCD Youth Suicidal, psych issues

Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

PSY_SUFA Suicidal Family member(s), psych issues

Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

PSY_SUFR Suicidal Friends(s) of Youth, psych issues

Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

PSY_SXOR Youth's Sexual Orientation, psych issues

Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

PSY_WITN Witnessed Violent Crime, psych issues

Format: F8.2

Value Label

.00 no

1.00 yes
9.00 missing

SAA_FATH By Father Figure, sex abuse or assault
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

SAA_FOST By Foster/Group Home Member, sex abuse or assault
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

SAA_HHDM By Other Household Member, sex abuse or assault
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

SAA_MOTH By Mother Figure, sex abuse or assault
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

SAA_NHHM By Other Non-Household Member, sex abuse or assault
Format: F8.2

Value Label

.00 no

1.00 yes
9.00 missing

SAA_OTHR Other, sex abuse or assault
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

SAA_PART By Parent's Partner, sex abuse or assault
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

SAA_SPOU By Spouse/Partner, sex abuse or assault
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

SAA_YASS Youth Assaulting Other, sex abuse or assault
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

SOC_CULT Cult Involvement, social issues
Format: F8.2

Value Label

.00 no

1.00 yes
9.00 missing

SOC_GANG gang Involvement by Youth, social issues
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

SOC_OTHR Other, social issues
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

SOC_PEER Problem with Peers, social issues
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

SOC_PROS Prostitution, social issues
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

SOC_SELL Selling Drugs, social issues
Format: F8.2

Value Label

.00 no

1.00 yes
9.00 missing

SOC_SKLL Lack of Social Skills, social issues
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

SOC_SSEX Survival Sex, social issues
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

SOC_VIOL Violent Youth Behavior, social issues
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

SVC_CHPS Child Protective Services, prob getting service
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

SVC_DAYC Day Care, prob getting service
Format: F8.2

Value Label

.00 no

1.00 yes
9.00 missing

SVC_DRUG Alcohol and Other Drug Treatment Program, prob getting servi
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

SVC_EDUC Education Program, prob getting service
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

SVC_OTHR Other, prob getting service
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

SVC_SOCS Social Services, prob getting service
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

UNE_FATH Father Figure, unemployment
Format: F8.2

Value Label

.00 no

1.00 yes
9.00 missing

UNE_MOTH Mother Figure, unemployment
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

UNE_OTHR Other, unemployment
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

UNE_PART Parent's Partner, unemployment
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

UNE_SPOU Spouse/Partner, unemployment
Format: F8.2

Value Label

.00 no
1.00 yes
9.00 missing

UNE_YUNE Youth Unemployment
Format: F8.2

Value Label

.00 no

1.00 yes
9.00 missing

INTAK_DY Day Youth Enters the Program
Format: F8.2

INTAK_MO Month Youth Enters the Program
Format: F8.2

INTAK_YR Year Youth Enters the Program
Format: F8.2

APPENDIX D

Coding Information for SERVFILE

Provision of Services

The 1995 RHY MIS data, in its original form, included information not only about which services were provided to each youth, but also about who provided each service to each youth. Each service could have been provided by any (or any combination) of the following sources:

Agency: Under the administrative direction of the original youth services agency (Basic Center, TLP, DAPP, or other).

Coordinate: Under the administrative direction of an organization with whom the youth services agency has a formal coordinating agreement.

Provided: A non-coordinating organization provided the service through a referral from the youth services agency and it is known that the youth received the service.

Informal: Refers **only** to life skills training when the training provided is casual or spontaneous interaction with youth aimed at teaching them how to function better in day to day situations. This includes such activities as planning a menu together or teaching the youth how to do laundry during daily activities.

Unknown: Arrangements were made for services to be provided by a referral agency. It is not known if the services were provided.

Other: Services were provided in a manner not listed above.

The RHY MIS data files that are released by NDACAN include only limited information about who provided services to each youth. **The released files indicate only whether or not a service was provided by the original agency.** This information is imbedded in the coding for each of the service variables in SERVFILE. For each of the variables in the SERVFILE file, the coding scheme is as follows:

1 = Yes, the service was provided and it was provided by the agency.

Note that the fact that a service was coded as being provided by the agency, does not mean that the same service was not also provided by non-agency sources. That is, if a service is coded as a 1, (meaning that it was provided by the agency) it may have also been provided by an informal source, as well as by a coordinated, provided, informal, unknown and other source.

2 = Yes, the service was provided and it was either not provided by the agency, or it is unknown whether it was provided by the agency. Services with a code of 2 may (or may not) have also been coded (in the original RHY MIS) as being provided by a coordinated, provided, informal, unknown or other source.

0 = No, the service was not provided by any agency or non-agency source.

Coding Information for Services Provided to Youths

YOUTH_ID Unique Youth ID Number

Format: A10

CENTER_I Unique Agency ID Number

Format: A8

INTAKE_D Date Youth Enters the Program

Format: ADATE12

ADP_ALTR Alternative Activities Recreation, Drug and Alc prevention

Format: F8.2

Value Label

.00 no
1.00 yes and service provided by agency
2.00 yes and service not provided by agency, or don't know if served by agency
9.00 blank

ADP_EDUC Educational Information, Drug and Alc prevention

Format: F8.2

Value Label

.00 no
1.00 yes and service provided by agency
2.00 yes and service not provided by agency, or don't know if served by agency
9.00 blank

ADP_OTHR Other, Drug and Alc prevention

Format: F8.2

Value Label

.00 no
1.00 yes and service provided by agency
2.00 yes and service not provided by agency, or don't know if served by agency
9.00 blank

ADP_PEER Positive Peer Leadership, Drug and Alc prevention
Format: F8.2

Value Label

- .00 no
- 1.00 yes and service provided by agency
- 2.00 yes and service not provided by agency, or don't know if served by agency
- 9.00 blank

ADP_REFU Refusal Skills, Drug and Alc prevention
Format: F8.2

Value Label

- .00 no
- 1.00 yes and service provided by agency
- 2.00 yes and service not provided by agency, or don't know if served by agency
- 9.00 blank

ADP_SCRN Substance Abuse Screening, Drug and Alc prevention
Format: F8.2

Value Label

- .00 no
- 1.00 yes and service provided by agency
- 2.00 yes and service not provided by agency, or don't know if served by agency
- 9.00 blank

AHS_FOST Foster Home, Alternate housing
Format: F8.2

Value Label

- .00 no
- 1.00 yes and service provided by agency
- 2.00 yes and service not provided by agency, or don't know if served by agency
- 9.00 blank

AHS_GRUP Group Home, Alternate housing
Format: F8.2

Value Label

.00 no
1.00 yes and service provided by agency
2.00 yes and service not provided by agency, or don't know if served by agency
9.00 blank

AHS_HOST Host Home, Alternate housing
Format: F8.2

Value Label

.00 no
1.00 yes and service provided by agency
2.00 yes and service not provided by agency, or don't know if served by agency
9.00 blank

AHS_INDE Independent Living Program, Alternate housing
Format: F8.2

Value Label

.00 no
1.00 yes and service provided by agency
2.00 yes and service not provided by agency, or don't know if served by agency
9.00 blank

AHS_JOBC Job Corps (Residential), Alternate housing
Format: F8.2

Value Label

.00 no
1.00 yes and service provided by agency
2.00 yes and service not provided by agency, or don't know if served by agency
9.00 blank

AHS_OTHR Other, Alternate housing

Format: F8.2

Value Label

.00 no
1.00 yes and service provided by agency
2.00 yes and service not provided by agency, or don't know if served by agency
9.00 blank

AHS_RESI Residential Treatment, Alternate housing

Format: F8.2

Value Label

.00 no
1.00 yes and service provided by agency
2.00 yes and service not provided by agency, or don't know if served by agency
9.00 blank

AHS_SHLT Other Youth Shelter, Alternate housing

Format: F8.2

Value Label

.00 no
1.00 yes and service provided by agency
2.00 yes and service not provided by agency, or don't know if served by agency
9.00 blank

AHS_TRAN Transitional Living Program, Alternate housing

Format: F8.2

Value Label

.00 no
1.00 yes and service provided by agency
2.00 yes and service not provided by agency, or don't know if served by agency
9.00 blank

ARA_CEDU Community Educational Events, Area services
Format: F8.2

Value Label

- .00 no
- 1.00 yes and service provided by agency
- 2.00 yes and service not provided by agency, or don't know if served by agency
- 9.00 blank

ARA_LANG Language Assistance Services, Area services
Format: F8.2

Value Label

- .00 no
- 1.00 yes and service provided by agency
- 2.00 yes and service not provided by agency, or don't know if served by agency
- 9.00 blank

ARA_OTHR Other, Area services
Format: F8.2

Value Label

- .00 no
- 1.00 yes and service provided by agency
- 2.00 yes and service not provided by agency, or don't know if served by agency
- 9.00 blank

ARA_OUTR Outreach Services, Area services
Format: F8.2

Value Label

- .00 no
- 1.00 yes and service provided by agency
- 2.00 yes and service not provided by agency, or don't know if served by agency
- 9.00 blank

ARA_PROM Promotional Inst. Material, Area services
Format: F8.2

Value Label

- .00 no
- 1.00 yes and service provided by agency
- 2.00 yes and service not provided by agency, or don't know if served by agency
- 9.00 blank

ARA_RESP Respite Care, Area services
Format: F8.2

Value Label

- .00 no
- 1.00 yes and service provided by agency
- 2.00 yes and service not provided by agency, or don't know if served by agency
- 9.00 blank

ARA_TRAN Training Consultation, Area services
Format: F8.2

Value Label

- .00 no
- 1.00 yes and service provided by agency
- 2.00 yes and service not provided by agency, or don't know if served by agency
- 9.00 blank

BSC_CLOT Clothing, basic support services
Format: F8.2

Value Label

- .00 no
- 1.00 yes and service provided by agency
- 2.00 yes and service not provided by agency, or don't know if served by agency
- 9.00 blank

BSC_FOOD Food, basic support services

Format: F8.2

Value Label

- .00 no
- 1.00 yes and service provided by agency
- 2.00 yes and service not provided by agency, or don't know if served by agency
- 9.00 blank

BSC_OTHR Other, basic support services

Format: F8.2

Value Label

- .00 no
- 1.00 yes and service provided by agency
- 2.00 yes and service not provided by agency, or don't know if served by agency
- 9.00 blank

BSC_SHLT Emergency Shelter, basic support services

Format: F8.2

Value Label

- .00 no
- 1.00 yes and service provided by agency
- 2.00 yes and service not provided by agency, or don't know if served by agency
- 9.00 blank

BSC_TRAN Transportation, basic support services

Format: F8.2

Value Label

- .00 no
- 1.00 yes and service provided by agency
- 2.00 yes and service not provided by agency, or don't know if served by agency
- 9.00 blank

CNS_ADV N Counseling Therapy Outdoor Adventure Challenge
Format: F8.2

Value Label

- .00 no
- 1.00 yes and service provided by agency
- 2.00 yes and service not provided by agency, or don't know if served by agency
- 9.00 blank

CNS_CRIS Counseling Therapy Crisis Intervention
Format: F8.2

Value Label

- .00 no
- 1.00 yes and service provided by agency
- 2.00 yes and service not provided by agency, or don't know if served by agency
- 9.00 blank

CNS_EXPR Counseling Therapy Expressive Art
Format: F8.2

Value Label

- .00 no
- 1.00 yes and service provided by agency
- 2.00 yes and service not provided by agency, or don't know if served by agency
- 9.00 blank

CNS_FAML Counseling Therapy Family
Format: F8.2

Value Label

- .00 no
- 1.00 yes and service provided by agency
- 2.00 yes and service not provided by agency, or don't know if served by agency
- 9.00 blank

CNS_GFML Counseling Therapy Group, Family
Format: F8.2

Value Label

.00 no
1.00 yes and service provided by agency
2.00 yes and service not provided by agency, or don't know if served by agency
9.00 blank

CNS_GYTH Counseling Therapy Group, Youth
Format: F8.2

Value Label

.00 no
1.00 yes and service provided by agency
2.00 yes and service not provided by agency, or don't know if served by agency
9.00 blank

CNS_HOME Counseling Therapy Home-Based
Format: F8.2

Value Label

.00 no
1.00 yes and service provided by agency
2.00 yes and service not provided by agency, or don't know if served by agency
9.00 blank

CNS_IFML Counseling Therapy Individual, Family
Format: F8.2

Value Label

.00 no
1.00 yes and service provided by agency
2.00 yes and service not provided by agency, or don't know if served by agency
9.00 blank

CNS_IYTH Counseling Therapy Individual, Youth
Format: F8.2

Value Label

- .00 no
- 1.00 yes and service provided by agency
- 2.00 yes and service not provided by agency, or don't know if served by agency
- 9.00 blank

CNS_MEDI Counseling Therapy Mediation
Format: F8.2

Value Label

- .00 no
- 1.00 yes and service provided by agency
- 2.00 yes and service not provided by agency, or don't know if served by agency
- 9.00 blank

CNS_OTHR Counseling Therapy Other
Format: F8.2

Value Label

- .00 no
- 1.00 yes and service provided by agency
- 2.00 yes and service not provided by agency, or don't know if served by agency
- 9.00 blank

CNS_PEER Counseling Therapy Peer, Youth
Format: F8.2

Value Label

- .00 no
- 1.00 yes and service provided by agency
- 2.00 yes and service not provided by agency, or don't know if served by agency
- 9.00 blank

EMP_COUN Career Counseling, Employment
Format: F8.2

Value Label

- .00 no
- 1.00 yes and service provided by agency
- 2.00 yes and service not provided by agency, or don't know if served by agency
- 9.00 blank

EMP_ETRN Employability Training, Employment
Format: F8.2

Value Label

- .00 no
- 1.00 yes and service provided by agency
- 2.00 yes and service not provided by agency, or don't know if served by agency
- 9.00 blank

EMP_JOBC Job Corps Non-Residential, Employment
Format: F8.2

Value Label

- .00 no
- 1.00 yes and service provided by agency
- 2.00 yes and service not provided by agency, or don't know if served by agency
- 9.00 blank

EMP_JTRN Job Training, Employment
Format: F8.2

Value Label

- .00 no
- 1.00 yes and service provided by agency
- 2.00 yes and service not provided by agency, or don't know if served by agency
- 9.00 blank

EMP_OTHR Other, Employment

Format: F8.2

Value Label

.00 no
1.00 yes and service provided by agency
2.00 yes and service not provided by agency, or don't know if served by agency
9.00 blank

EMP_PLAC Employment Referral Placement, Employment

Format: F8.2

Value Label

.00 no
1.00 yes and service provided by agency
2.00 yes and service not provided by agency, or don't know if served by agency
9.00 blank

HCR_AIDS HIV AIDS Related, health care

Format: F8.2

Value Label

.00 no
1.00 yes and service provided by agency
2.00 yes and service not provided by agency, or don't know if served by agency
9.00 blank

HCR_DENT Dental, health care

Format: F8.2

Value Label

.00 no
1.00 yes and service provided by agency
2.00 yes and service not provided by agency, or don't know if served by agency
9.00 blank

HCR_DRUG Alcohol and Other Drug Treatment, health care
Format: F8.2

Value Label

- .00 no
- 1.00 yes and service provided by agency
- 2.00 yes and service not provided by agency, or don't know if served by agency
- 9.00 blank

HCR_EATD Eating Disorder, health care
Format: F8.2

Value Label

- .00 no
- 1.00 yes and service provided by agency
- 2.00 yes and service not provided by agency, or don't know if served by agency
- 9.00 blank

HCR_GNRL General Medical, health care
Format: F8.2

Value Label

- .00 no
- 1.00 yes and service provided by agency
- 2.00 yes and service not provided by agency, or don't know if served by agency
- 9.00 blank

HCR_GYNE Gynecological, health care
Format: F8.2

Value Label

- .00 no
- 1.00 yes and service provided by agency
- 2.00 yes and service not provided by agency, or don't know if served by agency
- 9.00 blank

HCR_OTHR Other, health care

Format: F8.2

Value Label

- .00 no
- 1.00 yes and service provided by agency
- 2.00 yes and service not provided by agency, or don't know if served by agency
- 9.00 blank

HCR_PREN Pre-Natal, health care

Format: F8.2

Value Label

- .00 no
- 1.00 yes and service provided by agency
- 2.00 yes and service not provided by agency, or don't know if served by agency
- 9.00 blank

HCR_PSYC Psychological of Psychiatric, health care

Format: F8.2

Value Label

- .00 no
- 1.00 yes and service provided by agency
- 2.00 yes and service not provided by agency, or don't know if served by agency
- 9.00 blank

HCR_SUBS Substance Abuse Assessment, health care

Format: F8.2

Value Label

- .00 no
- 1.00 yes and service provided by agency
- 2.00 yes and service not provided by agency, or don't know if served by agency
- 9.00 blank

LGL_FMLY To the Family, Legal services
Format: F8.2

Value Label

- .00 no
- 1.00 yes and service provided by agency
- 2.00 yes and service not provided by agency, or don't know if served by agency
- 9.00 blank

LGL_YUTH To the Youth, Legal services
Format: F8.2

Value Label

- .00 no
- 1.00 yes and service provided by agency
- 2.00 yes and service not provided by agency, or don't know if served by agency
- 9.00 blank

PHN_ADVO Advocacy, phone services
Format: F8.2

Value Label

- .00 no
- 1.00 yes and service provided by agency
- 2.00 yes and service not provided by agency, or don't know if served by agency
- 9.00 blank

PHN_CRIS Crisis Counseling, phone services
Format: F8.2

Value Label

- .00 no
- 1.00 yes and service provided by agency
- 2.00 yes and service not provided by agency, or don't know if served by agency
- 9.00 blank

PHN_INFO Information and Referral, phone services

Format: F8.2

Value Label

- .00 no
- 1.00 yes and service provided by agency
- 2.00 yes and service not provided by agency, or don't know if served by agency
- 9.00 blank

PHN_OTHR Other, phone services

Format: F8.2

Value Label

- .00 no
- 1.00 yes and service provided by agency
- 2.00 yes and service not provided by agency, or don't know if served by agency
- 9.00 blank

REC_ARTS Arts and Crafts, Recreation

Format: F8.2

Value Label

- .00 no
- 1.00 yes and service provided by agency
- 2.00 yes and service not provided by agency, or don't know if served by agency
- 9.00 blank

REC_OTHR Other, Recreation

Format: F8.2

Value Label

- .00 no
- 1.00 yes and service provided by agency
- 2.00 yes and service not provided by agency, or don't know if served by agency
- 9.00 blank

REC_SPRT Organized Sports Activities, Recreation
Format: F8.2

Value Label

- .00 no
- 1.00 yes and service provided by agency
- 2.00 yes and service not provided by agency, or don't know if served by agency
- 9.00 blank

REC_TRIP Field Trips, Recreation
Format: F8.2

Value Label

- .00 no
- 1.00 yes and service provided by agency
- 2.00 yes and service not provided by agency, or don't know if served by agency
- 9.00 blank

SKL_ASRT Assertiveness, Life skill training
Format: F8.2

Value Label

- .00 no
- 1.00 yes and service provided by agency
- 2.00 yes and service not provided by agency, or don't know if served by agency
- 9.00 blank

SKL_BUDG Budgeting, Life skill training
Format: F8.2

Value Label

- .00 no
- 1.00 yes and service provided by agency
- 2.00 yes and service not provided by agency, or don't know if served by agency
- 9.00 blank

SKL_COMM Communication Skills, Life skill training
Format: F8.2

Value Label

.00 no
1.00 yes and service provided by agency
2.00 yes and service not provided by agency, or don't know if served by agency
9.00 blank

SKL_CONR Conflict Resolution, Life skill training
Format: F8.2

Value Label

.00 no
1.00 yes and service provided by agency
2.00 yes and service not provided by agency, or don't know if served by agency
9.00 blank

SKL_CONS Consumerism, Life skill training
Format: F8.2

Value Label

.00 no
1.00 yes and service provided by agency
2.00 yes and service not provided by agency, or don't know if served by agency
9.00 blank

SKL_EMPL Employment, Life skill training
Format: F8.2

Value Label

.00 no
1.00 yes and service provided by agency
2.00 yes and service not provided by agency, or don't know if served by agency
9.00 blank

SKL_GOAL Goal Setting Life Planning, Life skill training
Format: F8.2

Value Label

.00 no
1.00 yes and service provided by agency
2.00 yes and service not provided by agency, or don't know if served by agency
9.00 blank

SKL_HOUS Household Management, Life skill training
Format: F8.2

Value Label

.00 no
1.00 yes and service provided by agency
2.00 yes and service not provided by agency, or don't know if served by agency
9.00 blank

SKL_HYGI Hygiene, Life skill training
Format: F8.2

Value Label

.00 no
1.00 yes and service provided by agency
2.00 yes and service not provided by agency, or don't know if served by agency
9.00 blank

SKL_LEIS Leisure Skills, Life skill training
Format: F8.2

Value Label

.00 no
1.00 yes and service provided by agency
2.00 yes and service not provided by agency, or don't know if served by agency
9.00 blank

SKL_NUTR Nutrition, Life skill training
Format: F8.2

Value Label

- .00 no
- 1.00 yes and service provided by agency
- 2.00 yes and service not provided by agency, or don't know if served by agency
- 9.00 blank

SKL_OTHR Other, Life skill training
Format: F8.2

Value Label

- .00 no
- 1.00 yes and service provided by agency
- 2.00 yes and service not provided by agency, or don't know if served by agency
- 9.00 blank

SKL_PRNT Parenting Skills, Life skill training
Format: F8.2

Value Label

- .00 no
- 1.00 yes and service provided by agency
- 2.00 yes and service not provided by agency, or don't know if served by agency
- 9.00 blank

SKL_SEXE Sex Education, Life skill training
Format: F8.2

Value Label

- .00 no
- 1.00 yes and service provided by agency
- 2.00 yes and service not provided by agency, or don't know if served by agency
- 9.00 blank

SUP_ALAN Alanon, Support Groups
Format: F8.2

Value Label

.00 no
1.00 yes and service provided by agency
2.00 yes and service not provided by agency, or don't know if served by agency
9.00 blank

SUP_ALAT Alateen, Support Groups
Format: F8.2

Value Label

.00 no
1.00 yes and service provided by agency
2.00 yes and service not provided by agency, or don't know if served by agency
9.00 blank

SUP_ALCA AA, Support Groups
Format: F8.2

Value Label

.00 no
1.00 yes and service provided by agency
2.00 yes and service not provided by agency, or don't know if served by agency
9.00 blank

SUP_NACA NA CA, Support Groups
Format: F8.2

Value Label

.00 no
1.00 yes and service provided by agency
2.00 yes and service not provided by agency, or don't know if served by agency
9.00 blank

SUP_OTHR Other, Support Groups

Format: F8.2

Value Label

- .00 no
- 1.00 yes and service provided by agency
- 2.00 yes and service not provided by agency, or don't know if served by agency
- 9.00 blank

SUP_SPIR Spiritual, Support Groups

Format: F8.2

Value Label

- .00 no
- 1.00 yes and service provided by agency
- 2.00 yes and service not provided by agency, or don't know if served by agency
- 9.00 blank

YED_ALTR Alternative Education, education

Format: F8.2

Value Label

- .00 no
- 1.00 yes and service provided by agency
- 2.00 yes and service not provided by agency, or don't know if served by agency
- 9.00 blank

YED_ASSE Assessment, education

Format: F8.2

Value Label

- .00 no
- 1.00 yes and service provided by agency
- 2.00 yes and service not provided by agency, or don't know if served by agency
- 9.00 blank

YED_GEDP GED, Prep test, education

Format: F8.2

Value Label

.00 no
1.00 yes and service provided by agency
2.00 yes and service not provided by agency, or don't know if served by agency
9.00 blank

YED_OTHR Other, education

Format: F8.2

Value Label

.00 no
1.00 yes and service provided by agency
2.00 yes and service not provided by agency, or don't know if served by agency
9.00 blank

YED_TUTR Tutoring, education

Format: F8.2

Value Label

.00 no
1.00 yes and service provided by agency
2.00 yes and service not provided by agency, or don't know if served by agency
9.00 blank

YED_VOCA Vocational Training, education

Format: F8.2

Value Label

.00 no
1.00 yes and service provided by agency
2.00 yes and service not provided by agency, or don't know if served by agency
9.00 blank

INTAK_DY Day Youth Enters the Program

Format: F8.2

INTAK_MO Month Youth Enters the Program

Format: F8.2

INTAK_YR Year Youth Enters the Program
Format: F8.2

APPENDIX E

Coding Supplement for DEMOFILE

This appendix is meant to serve as a supplement to *Appendix B, Coding Information for DEMOFILE*. It provides detailed definitions of the responses for many of the fields in DEMOFILE. The fields that are self-explanatory (i.e., birth date) are not defined in this document. The fields are presented in the order that they appear in the data file.

Components of the Unit of Observation

Center I

Unique Agency ID Number. This is a required field and is never blank. The first four characters of this field provide geographic information. The first two characters represent the region where the agency is located and the next two characters represent the state where the agency is located. Refer to Appendix I for a Region Map of the U.S.

Youth ID

Unique Youth ID Number. This is a required field and is never blank. The same youth ID is used when a youth returns to the same agency with a different intake date.

Intake D

This is a required field and is never blank. The date is entered in the format, MM/DD/YY.

Youth demographics Fields

The demographics section of the youth profile contains basic information about the youth, the youth's family, and the circumstances that the youth was facing at the time of intake into the program.

Ethnicity: The coding of ethnicity is based on the youth's self perception. For youth unable to make an identity determination, program staff choose the ethnic category which most closely reflects the youth's recognition in their community.

The following ethnicity classifications are defined by the U.S. Department of Commerce, Directive No. 15.16. The classifications should not be interpreted as being scientific or anthropological in nature, nor should they be viewed as determinants of eligibility for participation in any Federal program. They have been developed in response to needs expressed by both the executive branch and the Congress to provide for the collection and use of compatible, non-duplicated, exchangeable racial and ethnic data by Federal agencies.

<i>Code</i>	<i>Response</i>	<i>Description</i>
1.	American Indian or Alaskan Native	A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.
2.	Asian or Pacific Islander	A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
3.	Black, Not of Hispanic Origin	A person having origins in any of the black racial groups of Africa.
4.	Hispanic	A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
5.	White, Not of Hispanic Origin	A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Refugee: The term refugee refers to any person who is outside their home country and is (1) unable or unwilling to return to that country because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion; and/or (2) specified by the President under section 207(a) of the Immigration and Nationality Act as being a refugee.

Marital Status: Response that most closely corresponds to the youth's marital status at intake.

<u>Code</u>	<u>Response</u>	<u>Description</u>
1.	Single, Never Married	The youth is single, has never been married, and is not living with a partner.
2.	Single, Living with Partner	The youth is single, living with a partner just prior to intake.
3.	Married	The youth is legally married.
4.	Other	The youth's marital status is not described by any of the above choices.

School Program: If the youth was not attending a school program at intake, the last school program he or she attended is indicated.

<u>Code</u>	<u>Response</u>	<u>Description</u>
1.	Elem/Middle/High School	A school program which leads to an elementary/middle school certificate or a high school diploma.
2.	GED	A program that prepares the youth to take the General Education Development test. Earning the GED is equivalent to earning a high school diploma.
3.	Vocational	A vocational education program, prior to completing secondary school, designed to prepare the youth for a vocation such as plumber, electrician, or auto mechanic.

- | | | |
|----|---|---|
| 4. | Special Education | A special education program designed to address a diagnosed learning disability, or other developmental disability such as a physical, mental, or emotional handicap. |
| 5. | Alternative/
Homebound
Program | An accredited school that is not part of the traditional public private school system or an accredited program taught at home. |
| 6. | Post-Secondary
Training | The youth has completed secondary school and is attending a post-secondary program other than college, such as a trade school. For example, he or she may be attending an automotive repair school or a beautician academy. |
| 7. | College | A college program, including community college programs. |
| 8. | Not Applicable | The youth has never been enrolled in school, or has not been enrolled for a significant period of time. |
| 9. | Do Not Know | The staff does not have enough information on the last school program the youth attended to correctly choose a response. |

School Status: Indicates youth's school status at intake. If school was not in session at the time of the youth's intake, **School Not in Session** is indicated.

<u>Code</u>	<u>Response</u>	<u>Description</u>
1.	Attending School Regularly	The youth is currently enrolled in an educational program and attends classes regularly, without extended absenteeism.
2.	Graduated High School	The youth has earned a high school diploma.
3.	Completed GED	The youth has earned an equivalent high school diploma through the General Education Development program.

4. **Attending School Irregularly/Extended Truancy** The youth is currently enrolled in, but frequently absent from the educational program in which he or she is enrolled.
5. **Dropped Out** The youth formally withdrew from school on his/her own initiative prior to completing the course of study.
6. **Suspended** Temporarily removed from school through official school action.
7. **Expelled** Permanently removed from school through official school action.
8. **School Not in Session** The youth's school program from Item 12 was not in session at time of intake.
9. **Do Not Know** There is no information available on the youth's school status at exit.

Last Living Situation of Youth: Indicates the last apparently stable/permanent place in which the youth resided before coming to the agency. This living situation may not be their legal residence but does represent a place with which the youth has some identification as a "home." For example, if the youth lived with grandparents for three months, and ran from that residence and lived on the street for two days prior to entering the shelter, the grandparents' home (relative's home) would be the appropriate choice for completing this item.

<u>Code</u>	<u>Response</u>	<u>Description</u>
1.	Parent/Legal Guardian's Home	The residence of the biological parent(s), adoptive parent(s), or legal guardian.
2.	Other Parent's Home	The residence of the parent who is not the youth's legal guardian.

3. **Relative's Home** The residence of a relative other than the youth's parent(s).
4. **Friend's Home** The residence of a friend not related to the family.
5. **Other Adult's Home** The residence of an adult other than a relative or a friend.
6. **Foster Home** A temporary residence in which the youth has been legally placed by a social services agency.
7. **Group Home** A structured residential program that provides a home-like environment for youth unable to return home, generally for a minimum of three months and a maximum of two years stay.
8. **Transitional Living Program** Program for older youth who have no family or State support, to assist them in their move toward self-sufficient living and prevent long-term dependency on social services.
9. **Independent Living Program** A skill-based program that prepares youth in the foster care system to live on their own, independently from that system.
10. **Job Corps** Residential structured/vocational training program aimed at developing skills that will lead to self sufficiency.
11. **Basic Center** Community-based agency providing core services (shelter, food, clothing, counseling) to runaway and homeless youth. Basic Center services may be provided in one central location, such as a group home residence, or in decentralized locations, such as host homes. Federal guidelines dictate that youth usually receive shelter for two weeks or less at FYSB-funded Basic Center programs.
12. **Homeless Family Center** A program designed to provide shelter and services to homeless families.

13. **Living Independently** The youth lives on his/her own, has an address, and is able to support and take care of him/herself.
14. **On the Run** Youth has run away from the program and it is not clear where he/she will go.
15. **On the Street** No identifiable place of permanent, stable residence.
16. **In Squat** A facility that has become an informal shelter for runaway and homeless youth and adults. It may be an apartment the leaser allows to be used, an abandoned building, or other location. It usually is temporary, and may be illegally operating.
17. **Educational Institute** A residence at a school, such as a boarding school or college dormitory.
18. **Drug Treatment Center** Residential treatment center focusing on detoxification and substance abuse treatment.
19. **Residential Treatment** Highly structured, intensive 24-hour treatment program that addresses the full range of needs of the youth, including social, educational, mental health and psychological. This residence is different from **Mental Hospital**, response (t).
20. **Mental Hospital** Medical facility providing treatment for psychiatric illness.
21. **Correctional Institute/ Detention Center** A secure facility operated in conjunction with the juvenile justice system.
22. **Other Institution** Institution other than one for drug treatment, psychiatric treatment, education, or detention.
23. **Other Temporary Shelter** A shelter not described by any of the above that provides a temporary place to sleep.

- 24. **Military** A facility operated by a military organization or a residence approved for military personnel.
- 25. **Other** Other living situation not described by (a) through (x) above.
- 26. **Do Not Know** The staff does not have enough information on the youth's living situation to correctly choose a response.

Primary Living Situation for Past Year: Indicates the living situation in which the youth spent at least six of the twelve months prior to intake. If the youth did not spend more than six months at one residence during the twelve months prior to intake, the code indicates the residence in which he or she spent the most time during that period. This variable includes the same responses as the variable “Last Living Situation of Youth”.

Employment Status of Youth: The response that best describes the youth's employment status at intake.

<i>Code</i>	<i>Response</i>	<i>Description</i>
1.	Full-Time (Over 35 Hours)	Youth is employed and regularly works 35 hours per week or more.
2.	Part-Time	Youth is employed and regularly works less than 35 hours per week.
3.	Seasonal/ Sporadic	Youth is employed occasionally with periods of unemployment interspersed with employment. This includes summer or holiday specific employment.
4.	Not Employed, Looking for Work	Youth has no job and is actively looking for employment.
5.	Not Employed	Youth has been employed but is not currently working because he or she is in school, unable to work, or another reason.

6. **Never Employed** Youth has never been employed because he or she is too young, in school, unable to work, or another reason.
7. **Do Not Know** No information is available on the youth's employment status at intake.

Have any of the youth's household members run away or been thrown away: Indicates if at the present or in the past any of the members of the youth's household - **other than the youth currently receiving service** - have run away (by their own decision, were away from home at least overnight) or were thrown away or forced to leave home (left to fend for themselves because their parents or guardians communicated that they would accept no further responsibility for the youth).

Who are the Youth's Legal Guardians: Identifies the youth's legal guardian(s) at intake.

<u>Code</u>	<u>Response</u>	<u>Description</u>
FEMALE		
1.	Biological Mother	There is substantial assurance that the parent figure is the natural mother.
2.	Adoptive Mother	The adoptive mother must follow the State's legal definition for adoption.
3.	Stepmother	A female married to the youth's father who has not legally adopted the youth.
4.	Foster Mother	Foster mother as legally defined by a local or State authority.
5.	Parent's Partner	Female involved in an intimate relationship with the youth's parent.
6.	Youth's Spouse/ Partner	Youth's wife or a female involved in an intimate relationship with the youth.
7.	Aunt	Parent's sister, stepsister, or half-sister.

- 8. **Grandmother** Parent's mother, stepmother, or adoptive mother.
- 9. **Sister** Female who shares both biological parents with the youth.
- 10. **Other** Another female not described by any of the above responses is the youth's guardian.

MALE

- 11. **Biological Father** There is substantial assurance that the parent figure is the natural father.
- 12. **Adoptive Father** The adoptive father must follow the State's legal definition for adoption.
- 13. **Stepfather** A male married to the youth's mother who has not legally adopted the youth.
- 14. **Foster Father** Foster father as defined by a local or State authority.
- 15. **Parent's Partner** A male involved in an intimate relationship with the youth's parent.
- 16. **Youth's Spouse/
Partner** Youth's husband or a male involved in an intimate relationship with the youth.
- 17. **Uncle** Parent's brother, stepbrother, or half-brother.
- 18. **Grandfather** Parent's father, stepfather, or adoptive father.
- 19. **Brother** A male who shares both biological parents with the youth.
- 20. **Other** Another male not described by any of the above responses is the youth's legal guardian.

OTHER

- 21. **Child Welfare/
DSS** Public agency charged with ensuring the safety and well-being of children and youth.

- 22. **Juvenile Justice/
DJS** Public agency responsible to the courts/legal system for ensuring public safety while focusing on the rehabilitation of youth charges with legal offenses.

- 23. **Self** The youth has reached majority according to State law by virtue of age, marriage, or other legal criteria.

- 24. **Do Not Know** The legal guardians of the youth are unknown.

Who referred the youth to the agency: The individual or organization through which the youth was sent, advised, or directed to enroll at the agency for treatment, aid, or other information.

<u>Code</u>	<u>Response</u>	<u>Description</u>
1.	Self Referral	The youth came to the agency without any direction from another person or organization.
2.	Parent(s)/Legal Guardian	The youth's parent(s) or guardian directed the youth to agency.
3.	Foster Parent	A foster parent of the youth directed the youth to the agency.
4.	Other Relative	A relative other than the youth's parent or guardian directed the youth to the agency for enrollment.
5.	Other Youth	A youth other than a relative directed the youth to the agency for enrollment.

6. **Other Adult** An adult other than one described above directed the youth to the agency for enrollment.

7. **Child Welfare/CPS** Child Welfare, Child Protective Services, or Social Services directed the youth to the agency.

8. **Safe Place** The youth was directed to the agency for services by a Safe Place Safe Places include community businesses and organizations that agree to be places of contact for runaway and homeless youth. Usually youth may stay at the safe place until staff or volunteers from the local shelter come and pick them up.

9. **Law Enforcement/Police** A legally recognized law enforcement body for a town, city, county, or such as a sheriff's department.
10. **Juvenile Justice** Agencies such as, but not limited to, juvenile courts, correctional institutions, and detention facilities, or probation and parole workers.

11. **School Staff** A staff member of a school directed the youth to the agency for services.

12. **Street Outreach** A street outreach worker employed by the agency directed the youth to the agency for services. If an outreach worker from another agency referred the youth, choose (o) **Other Youth Services Agency**.

13. **Religious Organization** Church, temple, or other organized group espousing the tenets of a spiritual or religious teaching.

14. **Other Agency Program** Another program that is run by the agency that is not Street Outreach.

15. **Other Youth Services Agency** Another agency that provides residential or non-residential services to youth.

16. **Other Organization** Another agency not described above.
17. **National Switchboard** The youth was directed to the agency by the National Runaway Switchboard.
18. **Other Hotline** The youth was directed to the agency by a hotline other than the National Switchboard.
19. **Do Not Know** Sufficient information is not available to determine how the youth was referred to the agency.

Status of Youth: The youth's status at intake.

<u>Code</u>	<u>Response</u>	<u>Description</u>
1.	At Home	Living at home with parent(s) or legal guardian, at relative's home, or with another responsible adult. This includes youth who are contemplating running <u>and</u> youth who are dealing with other problems but not currently considering running away, even though they may be at risk for future runaway episodes.
2.	Runaway	A youth who, by his/her own decision, is away from home or place of legal residence at least overnight. Generally, runaway actions are taken without the knowledge of the parent or legal guardian in charge of the youth's supervision.
3.	Throwaway	A youth who is left to fend for him/herself because the youth's parents or guardians have evicted him/her from the home and have communicated that they will accept no further responsibility for the youth.

4. **Homeless** A youth who is in need of services and is without a place of shelter where he or she can receive supervision and care. For youth who are homeless because they have run away, or were thrown away, from their home, choose **Runaway** or **Throwaway**. Mark this category if a youth is homeless as a result of some family crisis or problem such as parental illness and hospitalization, or family eviction.

5. **Emancipated** A youth who has reached majority according to State law by virtue of age, marriage, or other legal criteria.

6. **Juvenile Justice Placement** A youth who has been placed at the youth services agency while under the custody of a Juvenile Services Agency.

7. **Child Welfare Placement** A youth who has been placed at the youth services agency while under the custody of a Social Services Agency (Child Welfare/Child Protective Services)

8. **Other** The status of the youth at intake is different than the responses described above.

Location of Household Relative to the Program: Indicates the location of the youth's household relative to the program.

How many times has the youth run away: Indicates the number, or an estimate of the number, of times youth has run away from home not including the current runaway episode.

Of these runaway episodes, how many resulted in receipt of services from this agency: Of the runaway episodes entered, this variable indicates the number of times that the youth has received services from this agency.

Of these runaway episodes, how many resulted in receipt of services from another agency: Of the runaway episodes entered, this variable indicates the number, or an approximation of the number, of times that the youth has received services from another agency.

Intake and Exit Information

The status log tracks the youth's service history at the agency. It contains the dates of entrance and exit for each program in which the youth participated.

Service Status: This is an **optional** field. It indicates the service category to which the youth/family is being admitted. A youth's service category can be updated as the youth's status changes.

<u>Code</u>	<u>Response</u>	<u>Description</u>
1.	Full Admission	This category would account for most of the youth being served in any one of the RHY grant programs. It represents youth who have gone through a screening or intake process, and have been admitted for the full range of services offered.
2.	Orientation/ Probation	Category for youth admitted provisionally into a program -- i.e. especially in the TLP programs when a youth's readiness for a full range of services must be demonstrated prior to being granted full admission.
3.	Initial Contact/ Waiting List	Initial information gathered on all clients that are screened for service, even though they not be placed in service until a later date, if ever. This category may help grantees to gather information on the types of youth/families who are seeking services from their agency.
4.	Drop-In	The drop-in category includes two different types of clients. The first represents those youth/families who contact the program for the purpose of receiving brief, immediate, (and often, one time only) service. The second represents those youth who participate in <i>drop-in</i> services on a sporadic basis, such as may occur at a drop-in or recreation center.

- 5. **Hot Line** Category for youth/families who receive telephone hot-line service that accounts for a significant amount of staff time and effort.
- 6. **Street Outreach** Youth seen by street outreach workers as they conduct their outreach activities. Generally, this category would include only those youth with whom some repeated contact had been made, and some basic information been obtained.

Exit Date: Indicates the date the youth left the program in the format MM/DD/YY.

Discharge Status: Indicates the code that best describes the youth's situation at exit.

<u>Code</u>	<u>Response</u>	<u>Description</u>
1.	Residential Services Completed, Aftercare Planned	Youth has completed planned residential services and an after care program has been developed and agreed upon by both the agency staff and the youth. If the agency treats aftercare services as a separate service component and keeps files on youth receiving aftercare, re-enter the youth on the service log with their new intake date and indicate the youth is entering Non-Residential Services.
2.	Services Completed, No Referral Made	Youth has completed treatment plan at this agency and no referral for additional services has been made.
3.	Services Completed, Referral Made	Youth has completed treatment plan at this agency and a referral organization has been contacted for the youth to receive additional services.
4.	Parent(s) Stopped Services	The youth's parent figure(s) stopped services before the youth completed his/her treatment plan.
5.	Youth Stopped Services	The youth stopped services before completing the treatment plan.

- | | | |
|----|---|--|
| 6. | Family Moved | The youth and/or the youth's family moved before treatment plan was completed. |
| 7. | Youth Violated Program Rules | The youth was disqualified from services or asked to leave the program because he or she violated some program rule. |
| 8. | Youth Removed by Protective Agency | The youth was removed from the program by Child Protective Services before the treatment plan was completed. |
| 9. | Other | The youth's discharge status is not described by any of the above choices. |

Living Situation at Exit – Includes the most appropriate code to describe the youth's living situation upon exiting their current program category.

<u>Code</u>	<u>Response</u>	<u>Description</u>
1.	Parent/Guardian's Home	The residence of the biological parent(s), adoptive parent(s), or legal guardian.
2.	Other Parent's Home	The residence of the parent who is not the youth's legal guardian.
3.	Relative's Home	The residence of a relative other than the youth's parent(s).
4.	Friend's Home	The residence of a friend not related to the family.
5.	Other Adult's Home	The residence of an adult other than a relative or a friend.
6.	Foster Home	A temporary residence in which the youth has been legally placed by a social services agency.

7. **Group Home** A structured residential program that provides a home-like environment for youth unable to return home, generally for a minimum of three months and a maximum of two years stay.

8. **Transitional Living Program** Program for older youth who have no family or State support, to assist them in their move toward self-sufficient living and prevent long-term dependency on social services.

9. **Independent Living Program** A skill-based program that prepares youth in the foster care system to live on their own, independently from that system.

10. **Job Corps** Residential structured educational/vocational training program aimed at developing skills that will lead to self sufficiency.

11. **Basic Center** Community-based agency providing core services (shelter, food, clothing, counseling) to runaway and homeless youth. Federal guidelines dictate that youth generally stay at FYSB-funded Basic Centers for two weeks or less.

12. **Homeless Family Center** A program designed to provide shelter and services to homeless families.

13. **Living Independently** The youth lives on his/her own, has an address, and is able to support and take care of him/herself.

14. **On the Run** Youth has run away from the program and it is not clear where he/she will go.

15. **On the Street** No identifiable place of permanent, stable residence.

16. **In Squat** A facility that has become an informal shelter for runaway and homeless youth and adults. It may be an apartment the leaser allows to be used, an abandoned building, or other location. It usually is temporary, and may be illegally operating.

- | | | |
|-----|---|---|
| 17. | Educational Institute | A residence at a school, such as a boarding school or college dormitory. |
| 18. | Drug Treatment Center | Residential treatment center focusing on detoxification and substance abuse treatment. |
| 19. | Residential Treatment | Highly structured, intensive 24-hour treatment program that addresses the full range of needs of the youth, including social, educational, mental health, and psychological. This residence is different from Mental Hospital, (response 20). |
| 20. | Mental Hospital | Medical facility providing treatment for psychiatric illness. |
| 21. | Correctional Institute/
Detention Center | A secure facility operated in conjunction with the juvenile justice system. |
| 22. | Other Institution | Institution other than one for drug treatment, psychiatric treatment, education, or detention. |
| 23. | Other Temporary Shelter | A shelter not described by any of the above that provides a temporary place to sleep. |
| 24. | Military | A facility operated by a military organization or a residence approved for military personnel. |
| 25. | Other | Other living situation not described by (a) through (v) above. |
| 26. | Do Not Know | The staff does not have enough information on the youth's living situation to correctly choose a response. |

Employment Status at Exit: Indicates the code describing the youth's employment status upon exiting the current program category.

<i><u>Code</u></i>	<i><u>Response</u></i>	<i><u>Description</u></i>
1.	Full-Time (Over 35 Hours)	Youth is employed and regularly works 35 hours per week or more.
2.	Part-Time	Youth is employed and regularly works less than 35 hours per week.
3.	Volunteer	Youth regularly performs job tasks under supervision and does not receive financial compensation.
4.	Seasonal/Sporadic	Youth is employed occasionally with periods of unemployment interspersed with the employment. This includes summer or holiday specific employment.
5.	Not Employed, Looking for Work	Youth has no job and is actively looking for employment.
6.	Not Employed	Youth has been employed but is not currently working because he or she is in school, unable to work, or other reason.
7.	Never Employed	Youth has never been employed because he or she is too young, in school, unable to work, or another reason.
8.	Do Not Know	No information is available on the youth's employment status at exit.

School Program at Exit: Indicates the code describing the type of school program the youth is attending at exit, or is planning to attend at exit, from the program.

<u>Code</u>	<u>Response</u>	<u>Description</u>
1.	Elem/Middle/ High School	A standard school program which leads to an elementary/middle school certificate or a high school diploma. Do not include special education programs here.
2.	GED	A program that prepares the youth to take the General Education Development test. Earning a GED is equivalent to earning a high school diploma.
3.	Vocational	A vocational education program, prior to completing secondary school, designed to prepare the youth for a vocation such as plumber, electrician, or auto mechanic.
4.	Special Education	A special education program designed to address a diagnosed learning disability, or other developmental disability such as a physical, mental, or emotional handicap.
5.	Alternative/ Homebound Program	Youth is attending either an accredited school that is not part of the traditional public or private school system, or is receiving instructions through an accredited program taught at home.
6.	Post-Secondary Training	The youth has completed secondary school and is attending a post-secondary program other than college, such as a trade school. For example, he or she may be attending an automotive repair school or a beautician academy.
7.	College	A college program, including community college programs.
8.	Not Applicable	The youth was not enrolled in a school program at exit or had no plans to enroll in a school program following program exit.

9. **Do Not Know** There is insufficient information available on the youth's school program at exit to correctly choose a response.

School Status at Exit: Indicates the code describing the youth's school attendance status on the day that the youth exits the current program.

<u>Code</u>	<u>Response</u>	<u>Description</u>
1.	Attending School and Regularly	The youth is currently enrolled in an educational program and attends classes regularly, without extended absenteeism.
2.	Graduated High School	The youth has earned a high school diploma.
3.	Completed GED	The youth has earned an equivalent high school diploma through the General Education Development program.
4.	Attending School Irregularly/ Extended Truancy	The youth is currently enrolled in, but frequently absent from the educational program in which he or she is enrolled.
5.	Dropped Out	The youth formally withdrew from school on his/her own initiative prior to completing the course of study.
6.	Suspended	Temporarily removed from school through official school action.
7.	Expelled	Permanently removed from school through official school action.
8.	School Not in Session	The youth's school status at exit cannot be determined because school is recessed for a holiday or vacation.
9.	Do Not Know	There is no information available on the youth's school status at exit.

Drug Information

The youth drug and alcohol assessment section provides a way for agency staff to record and report greater detail regarding specific problems that the youth and family present. This section records the youth's past and current drug and alcohol experiences. This assessment is completed for youth who have identified problems with alcohol, tobacco, or other drugs.

Has the youth contemplated suicide: **Yes** if there is reason to believe that the youth's thoughts of suicide may result in a suicide action or if the youth had actually formulated a plan for suicide and had a means by which to kill him/herself. **Yes** if the youth has ever met this criteria. **No** if the youth has never seriously thought about committing suicide.

Estimate the number of times the youth has attempted suicide: The actual number or an approximate number of times the youth has tried to kill him/herself. **0** if the youth has never attempted suicide.

Number of times the youth has been hospitalized after suicide attempts: The number of times the youth was hospitalized as a result of a suicide attempt. **0** if the youth has never been hospitalized as a result of trying to kill him/herself. This hospitalization may have been for treatment of physical injury or for psychiatric assessment and/or treatment.

Frequency and Age at First Use of Many Substances

For the following substances, indicate the frequency and age at first use.

Smoked Cigarettes

Used Smokeless Tobacco (chewing tobacco, snuff)

Had Beer, Wine (other than for religious use) or Wine Coolers

Had Liquor (such as rum, vodka, or whiskey)

Had Five or More Servings of any Alcohol on the Same Occasion

Used Inhalants (glue, paint, rush, cleaning fluids, gasoline)

Used Over-the-Counter drugs (diet pills, No-Doz, caffeine) Above Recommended Dosage

Frequency of Use - Indicate the approximate number of times the youth has used the substances listed in their life time and during the past six months. Check **Never Tried** if the youth has never tried a particular substance.

Age at First Use - Indicate the youth's age at which he or she first used the substances listed below. If the youth has never used a particular substance, **Never Tried** should be checked and this sections should be left blank.

Has the youth ever used illicit drugs - If the youth uses or has used illicit drugs, **Yes** is indicated. If the youth has never used illicit drugs, **No** is indicated, and **related drug questions** have value=**No**.

For the following substances, indicate the frequency and age at first use.

Used Marijuana/Hashish

Used Cocaine (exclude use of crack)

Smoked Crack Cocaine (rock)

Frequency of Use - Check the appropriate boxes corresponding to the approximate number of times the youth has used the substances listed in their life time and during the past six months. Check **Never Tried** if the youth has never tried a particular substance.

Age at First Use - Check the box corresponding to the youth's age at which he or she first used the substances listed below. If the youth has never used a particular substance, **Never Tried** should be checked and this section should be left blank.

Has the Youth Ever... - If youth has ever used illicit drugs, indicate **Yes** for each drug-related activity that the youth experienced. Include experimental use. **No** is recorded if the youth has never used in the specified manner.

Taken Steroids

Taken Stimulants (such as prescription diet pills, uppers, speed, ice)

Taken Depressants (such as Valium, quaaludes)

Taken Narcotics (such as heroin/smack, codeine, morphine, Dilaudid)

Taken Hallucinogens (such as PCP/angel dust, LSD/acid, mescaline, mushrooms, ecstasy)

Used Two or More Drugs on the Same Occasion (Exclude alcohol and tobacco or the mixing of alcohol and tobacco with other drugs.)

Used Alcohol and Marijuana on the Same Occasion

Used a Needle to Inject Cocaine, Heroin, or Other Illicit Drugs

Has the Youth Ever Been Asked to Sell Drugs - **Yes** if the youth indicates that he/she was approached by someone who asked them to sell, or otherwise participate in the selling and illegal distribution of drugs. **No** if the youth indicates that he/she has never been so approached.

Has the Youth Ever Sold Drugs - **Yes** if the youth reports actually selling or otherwise participating in the selling or illegal distribution of drugs. **No** if the youth denies selling drugs or participating in their distribution.

How was the Youth Influenced to Use - Indicates the choice that best describes the primary factor that first contributed to the youth's own later use of alcohol or other drugs.

Response

Description

Parents

The youth's parents offered the youth alcohol, made alcohol available in the house and did not restrict its use, drank in front of the youth, or in other ways influenced the youth's use of alcohol and/or drugs.

Other Household

A member of the youth's household (other than the parent

Member	figures) offered the youth alcohol, made alcohol available in the house and did not restrict its use, drank in front of the youth, or in other ways influenced the youth's use of alcohol and/or drugs.
Friends	The youth's friends offered the youth alcohol or drugs, encouraged the youth to drink or use drugs, or drank/used drugs in front of the youth.
Through Selling It	The youth was encouraged to sell and/or was involved with illegal possession and distribution of drugs.
Other	Other influences, not listed above, contributed to the youth's subsequent ATOD use.

Household Member's Substance Use - Drug use is defined here as any use of illicit drugs or use of legal drugs for anything other than their prescribed or intended use, such as use of cough medicine significantly above its recommended dosage. Alcohol abuse refers to situations in which the household member drinks alcoholic beverages with a frequency, quantity, or at a time which is determined by the youth, or staff, to cause problems such as physical, emotional or social harm.

<u>Response</u>	<u>Description</u>
Yes	The household member has a history of use of illegal drugs, or abuse of legal drugs or alcohol.
No	The household member has not abused drugs or alcohol.
N/A	The question is not applicable because there was no such household member type residing with the youth.

Language: There are six variables used to indicate the languages in which the youth fluently communicates.

<u>Variable</u>	<u>Label</u>	<u>Description</u>
L_native	An American Indian or Alaskan Native Language	A language native to North America, such as Cherokee, Navaho, or Aleut.
L_asian	An Asian or Pacific Island Language	A language native to Asia, such as Chinese, Japanese, or Korean.
L_english	English	Primary Anglo language spoken in the United States.
L_sign	Sign	American Sign Language or another signing system used by deaf persons to communicate.
L_spanish	Spanish	A language native to Hispanic countries.
L_other	Other	A language in which the youth communicates fluently not described by any of the above choices.

APPENDIX F

Coding Supplement for PROBFIELD

This appendix is meant to serve as a supplement to *Appendix C, Coding Information for PROBFIELD*. It provides detailed definitions of the responses for many of the fields in PROBFIELD.

Components of the Unit of Observation

Center I

Unique Agency ID Number. This is a required field and is never blank. The first four characters of this field can be used for geographic comparisons. The first two characters represent the region where the agency is located, and the next two characters represent the state the agency is located in. Refer to Appendix I for a Region Map of the U.S.

Youth ID

Unique Youth ID Number. This is a required field and is never blank. The same youth ID is used when a youth returns to the same agency with a different intake date.

Intake D

Intake date is recorded as the date the youth enters the program in MM/DD/YY format. This is a required field and is never blank.

Youth Problems and Issues

The remainder of this appendix contains information about issues facing runaway and homeless youth. The information recorded reflects a combination of the staff's and youth's perception of the issues facing them at intake and while participating at the agency.

Household Dynamics

What follows is a list of potential problems that fall under the heading of household dynamics. These problems are caused by interactions and interrelationships within the household.

<u>Problem</u>	<u>Description</u>
Relationship with Father Figure	Problems exist between the youth and the adult who fulfills the role of the male parent. This may include such problems as poor communications or the father figure is too strict.
Relationship with Mother Figure	Problems exist between the youth and the adult who fulfills the role of the female parent. This may include such problems as poor communications or the mother figure is too strict.
Relationship with Parent's Partner	Problems exist between the youth and the parent's partner, when that partner is not perceived by the youth to be the father/mother figure.
Relationship between Parent Figures	Problems exist between the youth's parent figures which negatively impact the youth.
Relationship with Spouse/Partner	Problems exist between the youth and his/her spouse or partner. This may include such problems as poor communications or other conflict in their relationship.
Relationship with Foster/Group Home Member	Problems exist between the youth and someone in the foster or group home. These problems can include poor communications, lack of clear limits, or inappropriate discipline.
Relationship with Other Household Member	Problems exist between the youth and some member of the household other than the mother, father, parental and/or youth's spouse/partner.
No Parental Figure	Youth is having problems because he or she lives in a household with no parental figure or because the youth has no parental role model.

Youth Unsupervised	The youth lives at home with at least one parent figure, but the parent is not involved in the youth's life. The youth lacks an <u>appropriate</u> adult role model. The youth is left to fend for him/herself.
Divorced Family	The youth is having problems related to his/her parents divorce.
Blended Family	The youth is experiencing problems related to parent's remarriage and resulting new family.
Youth Wants to Live With Other Parent	Problems in cases where the parent figures are living separately and there is conflict as to where the youth wishes to live.
Other	Other household dynamics problem not described above.

Housing Issues

What follows is a list of potential problems that fall under the heading of housing issues. These problems are caused by lack of sufficient housing or shelter.

Youth Homeless	The youth is in need of services, and is without a place of shelter where he or she can receive supervision and care.
Family Homeless	The youth's family is in need of services, and is without a place of shelter where they can both provide and receive care.
Youth Rejected from Homeless Shelter	Includes youth who have been separated from homeless families in order for the family to gain access to a shelter which restricts adolescents.
Custody Change	Youth is unable to deal with potential or new custody situation.
Chose to Leave Previous Residence	The youth voluntarily left a previous residence.

- Forced to Leave Previous Residence** The youth is left to fend for him/herself because his previous residence members or parent figures have evicted him/her from the home and have communicated that they will accept no further responsibility for the youth.
- Legally Evicted from Previous Residence** A legal action was taken to remove the youth and/or the youth's family from their previous residence.
- Other** The youth faces problems caused by a housing issue not addressed by any of the situations described above. This may include a youth whose home is substandard (e.g., no heat in winter).

School and Educational Issues

What follows is a list of potential problems that fall under the heading of school and educational issues.

- Bad Grades** The youth is failing school or has very poor grades and low academic achievement.
- Illiteracy** The youth lacks sufficient education, especially reading and writing skills.
- Learning Disability** The youth has been diagnosed as having a disorder in one or more of the basic psychological processes involved in understanding or using language (spoken or written) which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. The term includes such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps; mental retardation or emotional disturbance; or of environmental, cultural, or economic disadvantage.

Cannot Get Along With Teachers	The youth fights, or has other conflicts, with teacher(s).
Poor School Attendance/Truancy	The youth is cutting classes or skipping school.
Dropped Out	The youth has voluntarily withdrawn from school.
Suspended	The youth has been temporarily removed from school through official school action.
Expelled	The youth has been permanently removed from school through official school action.
Other	The youth has other school or education related problems not described by any of the above responses.

Psychological Issues

What follows is a list of potential problems that fall under the heading of psychological issues. These problems are caused by issues relating to youth mental health status.

Youth Depressed	Youth displays physical and/or emotional signs of depression. Youth may or may not be clinically diagnosed as depressed.
Youth Suicidal	Youth displays behavioral signs of possible suicide, talks about harming him/herself, and/or has attempted suicide before.
Poor Self Image	Youth does not have positive attitudes or feelings about him/herself, has low self-esteem, and/or has feelings of personal failure.
Youth's Sexuality/ Behavior	The youth is having severe personal problems coping with an emerging sexual role. These problems may cause the youth to sexually act out.

Youth's Sexual Orientation	The youth is having trouble dealing with the consequences (feelings of alienation, family rejection) of his/her sexual orientation or preference.
Parent Figure's Sexuality/Behavior	The youth is having severe personal problems coping with a parent figure's sexuality and/or behavior.
Parent Figure's Sexual Orientation	The youth is having trouble dealing with a parent's sexual orientation or preference.
Searching for Biological Parent	The youth is having problems resulting from not being able to locate a biological parent(s).
Racial/Ethnic Identity	The youth is having problems resulting from their race or ethnicity. These problems include feelings of not being accepted and/or not being able to identify with a particular racial or ethnic group.
Loss and Grief Issues of Youth	Unresolved or inadequately resolved grief, such as may result from the death of a loved one or a divorce.
Abandonment	The youth is having trouble resulting from their past or present abandonment by a parental figure or loved one.
Suicidal Friend(s) of Youth	Youth's friend displays behavioral signs of possible suicidal ideation, talks about harming self, or has attempted suicide before. This may affect the youth by making him/her believe suicide is acceptable or by leading him or her to feel loss, anger, or guilt about the friends' situation.
Suicidal Family Member(s)	Youth's family member displays behavioral sign of possible suicidal ideation, talks about harming self, or has attempted suicide before. This may affect the youth by making him/her believe suicide is acceptable or by leading him or her to feel loss, anger, or guilt about the family member's situation.

Witnessed Violent Crime	Youth has problems resulting from witnessing a violent crime, such as murder, rape, or other assault.
Crime Victim	Youth has problems related to being a victim of a violent crime, such as assault, rape, sexual or physical abuse.
Mental Problem of Family Member	A member of the family has been institutionalized and/or diagnosed as having a serious mental health problem.
Other	The youth has a problem resulting from another psychological issue that isn't described above.

Health Issues

What follows is a list of potential problems that fall under the heading of health issues. These problems relate to youth physical well-being.

Youth Has/ Suspects Sexually Transmitted Disease	The youth suspects or knows that he or she has a sexually transmitted disease.
Youth Has/ Suspects HIV/ AIDS Infection	The youth suspects or knows that he or she has Acquired Immunodeficiency Syndrome (AIDS), a disease caused by a retrovirus known as Human Immunodeficiency Virus (HIV) which attacks primarily the immune system and ultimately destroys the ability to ward off disease.
Family Planning	Youth needs help/information /services related to sexual issues and/or birth control.
Pregnancy	
Female	Youth suspects or knows that she is pregnant and this has caused a problem for her.
Male	Youth suspects or knows that he has caused a pregnancy and this has caused a problem for him.

Eating Disorder	The youth has problems resulting from an eating disorder, such as anorexia or bulimia.
Youth Physically Challenged	The youth has a physical disability.
Youth Not Appropriately Using Medication	The youth is incorrectly using their prescribed medication. For example, the youth takes too little or too much medication, or misuses the medication possibly as a way to get attention.
Health Problem of Family Member	The youth has a problem resulting from a family member's health problem.
Other Chronic Health Problem of Youth	The youth has an ongoing, long-term health problem that is not described above.
Other Current Health Problem of Youth	The youth, at the time of receiving agency services, has a problem resulting from a health issue that is not described above.

Youth Having Trouble Getting Services

What follows is a list of potential problems that fall under the heading of difficulty getting services. These problems stem from the fact that the youth needs or wants services and cannot access them because 1) the services are not available in the youth's community, 2) the youth cannot afford the services, 3) the youth does not know how to access services, 4) the youth was refused services, or 5) the youth is unable to obtain needed services for some other reason.

Child Protective Services	Youth is neglected or abused and needs official intervention.
Social Services	Youth is eligible for services and/or financial support.

Alcohol and Other Drug Treatment Program Youth needs or wants alcohol or other drug treatment.

Day Care Youth needs appropriate adult supervision of his/her own child, in order to pursue school and/or work.

Education Program The youth is in need of an education program, such as job corps.

Other The youth needs and is unable to access services, other than those described above.

Physical Abuse/Assault

What follows is a list of potential problems that fall under the heading of physical abuse and assault. These problems reflect the infliction of physical injury by punching, beating, kicking, biting, burning, or otherwise harming a child. Although the injury is not an accident, the parent, caretaker, or other person, may not have intended to hurt the youth. The injury may have resulted from over-discipline or physical punishment that is inappropriate for the youth's age.

By Father Figure The youth has experienced physical abuse by the adult who fulfills the role of the male parent.

By Mother Figure The youth has experienced physical abuse by the adult who fulfills the role of the female parent.

By Parent's Partner The youth has experienced physical abuse/assault by the parent figure's partner.

By Spouse/Partner The youth has experienced physical assault by his/her own spouse or partner.

By Foster/Group Home Member The youth has experienced physical abuse/assault by a member of a foster or group home.

By Other Household Member The youth has experienced physical abuse/assault by a household member other than one described above.

By Other Non-Household Member The youth has experienced physical abuse/assault by a person not residing in their household.

Domestic Violence Physical conflict among any members of the family.

Youth Assaulting Other The youth has physically abused/assaulted another person.

Other Other physical abuse/assault issue not described above.

Sexual Abuse/Assault

What follows is a list of potential problems that fall under the heading of sexual abuse and assault. These problems reflect sexual abuse and sexual assault and include the following: fondling a child's genitals, intercourse, incest, rape, sodomy, exhibitionism, and sexual exploitation. To be considered child abuse these acts have to be committed by a person responsible for the care of the youth (for example, a parent, a baby sitter, or a day care provider.) If a person, other than one responsible for the care of the youth has committed one of these acts, it would be considered sexual assault. Responses represent both present abuse/assault and past abuse/assault that affect the youth.

By Father Figure The youth has experienced sexual abuse by the adult who fulfills the role of the male parent.

By Mother Figure The youth has experienced sexual abuse by the adult who fulfills the role of the female parent.

By Parent's Partner The youth has experienced sexual abuse/assault by their parent figure's partner.

By Spouse/Partner The youth has experienced sexual assault by their spouse or partner.

By Foster/Group Home Member The youth has experienced sexual abuse/assault by a member of his or her foster or group home.

By Other Household Member The youth has experienced sexual abuse/assault by a household member other than one described above.

By Other Non-Household Member The youth has experienced sexual abuse/assault by a person not residing in the youth's household.

Youth Assaulting Other The youth has sexually abused/assaulted another person.

Other Other sexual abuse/assault issue not described above.

Emotional Abuse

What follows is a list of potential problems that fall under the heading of emotional abuse. These abuse problems reflect acts or omissions by the parents or other persons responsible for the youth's care that have caused or could cause serious behavioral, cognitive, emotional, or mental disorders. In some cases of emotional/psychological abuse the parental acts alone, without any harm evident in the youth's behavior or condition, are sufficient to be called emotional/psychological abuse. For example, the parents/caretaker use of extreme or bizarre forms of punishment, such as confinement of a child in a dark closet, or refusal to acknowledge the youth's presence in the household.

By Father Figure The youth has experienced emotional abuse by the adult who fulfills the role of the male parent.

By Mother Figure The youth has experienced emotional abuse by the adult who fulfills the role of the female parent.

By Parent's Partner The youth has experienced emotional abuse by their parent figure's partner.

By Spouse/Partner The youth has experienced emotional abuse by their spouse or partner.

By Foster/Group Home Member The youth has experienced emotional abuse by a member of their foster or group home.

By Other Household Member The youth has experienced emotional abuse by a household member besides the youth's parent figures, parent figure's partner, own partner, or a member of the foster/group homes.

By Other Non-Household Member The youth has experienced emotional abuse by a person who does not live in the same household.

Youth Abusing Household Member The youth has emotionally abused a household member.

Other Other emotional abuse issue not described above.

Alcohol and Other Drug Abuse

What follows is a list of potential problems that fall under the heading of alcohol and other drug abuse. The problems reflect any illegal use of alcohol or illicit drugs, or abuse of legal or prescription drugs. Alcohol abuse includes any use of alcohol by an individual under the legal age. Abuse of legal or prescription drugs can include drug use that causes physical, emotional, or educational problems for the individual. If alcohol or drug abuse is checked as a problem for the youth, the Alcohol and Drug Assessment Information section should be completed.

Substance Abuse by Family Member A household member, as defined above, uses substances to the extent that it causes a life problem.

Substance Abuse by Spouse/Partner The youth's spouse/partner uses substances to the extent that it is causing life problems.

Substance Abuse by Youth The youth uses illegal substances to the extent that it is causing life problems.

Other Other alcohol and other drug abuse issue not described above.

Socialization Issues

What follows is a list of potential problems that fall under the heading of socialization issues. These problems are caused by difficulties interacting with others, living in a socially organized environment, and/or knowing how to cooperate with other people.

Lack of Social Skills The youth severely lacks skill necessary to interact and/or communicate with people in their environment.

Problem with Peers The youth has problems getting along with their peers or has problems resulting from their relationships with peers.

Violent Youth Behavior The youth displays violent or out of control behavior.

Gang Involvement By Youth The youth is a member of, or involved with, a gang.

Cult Involvement The youth is a member of, or involved with, a cult.

Survival Sex The youth, regardless of gender, uses sex in exchange for basic necessities such as food, or a place to sleep.

Prostitution The youth, regardless of gender, is receiving money or other support in exchange for sex. The youth perceives activities more as a job with which to earn money than as merely a way to survive.

Selling Drugs The youth is illegally exchanging drugs for money.

Other The youth is having problems, other than those described above, interacting with people outside their household.

Neglect

What follows is a list of potential problems that fall under the heading of neglect. Neglect is characterized by failure to provide for the youth's basic needs. Neglect can be physical, educational, or emotional. Physical neglect includes refusal of, or delay in seeking, health care, abandonment, expulsion from home or not allowing a runaway to return home, and inadequate supervision. Educational neglect includes permission of chronic truancy, failure to enroll a youth of mandatory school age, and inattention to a special educational need. Emotional neglect includes refusal of or failure to provide needed psychological care and nurturing support.

By Father Figure The youth has experienced neglect by the adult who fulfills the role of the male parent.

By Mother Figure The youth has experienced neglect by the adult who fulfills the role of the female parent.

By Parent's Partner The youth has experienced neglect by the parent figure's partner.

By Spouse/Partner The youth has experienced neglect by a spouse or partner.

By Foster/Group Home Member The youth has experienced neglect by a member of a foster or group home.

By Other Household Member The youth has experienced neglect by another family member that is not listed above.

Youth Neglecting Child The youth is neglecting his/her own child.

Youth Neglecting Spouse/Partner The youth is neglecting his/her own spouse or partner.

Other Other neglect issue not described above.

Involvement with the Justice System

What follows is a list of potential problems that fall under the heading of involvement with the justice system. These problems reflect the fact that an individual is currently, or has been, charged with a status offense, with criminal behavior, or is on probation or parole. The legal definitions reflect local community definitions for the following choices:

Youth Charged with Misdemeanor

Youth Charged with Felony

Alcohol or Other Drug Possession/Distribution (Youth)

Drug Possession/Distribution (Parent Figure)

Youth on Probation/Suspended Sentence

Status Offense An offense that comes under the jurisdiction of the juvenile justice system by virtue of the fact that it was committed by a minor (eg. running away from home).

Use of Guns/Weapons

Youth on Parole

Youth in Need of Supervision

Household Member A person residing in the youth's household is currently or has been charged with a status offense, charged with criminal behavior, or is on probation, and this involvement is causing problems in the youth's life.

Spouse/Partner The youth's spouse or partner is currently or has been charged with a status offense, with criminal behavior, or is on probation and this involvement with the Justice System is causing problems in the youth's life.

**Immigration/
Naturalization** The youth is encountering legal difficulties related to immigration or naturalization.

Other The youth has other involvement with the justice system not described above.

Unemployment

What follows is a list of potential problems that fall under the heading of unemployment. These problems reflect difficulty due to the unemployment of one of the following persons:

- | | |
|---------------------------|---|
| Father Figure | The youth is having problems resulting from the unemployment of the adult who fulfills the role of the male parent. |
| Mother Figure | The youth is having problems resulting from the unemployment of the adult who fulfills the role of the female parent. |
| Parent's Partner | The youth is having problems resulting from the unemployment of the parent figure's partner. |
| Spouse/Partner | The youth is having problems resulting from the unemployment of his/her spouse or partner. |
| Youth Unemployment | The youth is have problems resulting from his/her own unemployment. |
| Other | Another unemployment issue is causing the youth problems. |

APPENDIX G

Coding Supplement for SERVFILE

This appendix is meant to serve as a supplement to *Appendix D, Coding Information for SERVFILE*. It provides detailed definitions for the fields in SERVFILE.

Components of the Unit of Observation

Center I

Unique Agency ID Number. This is a required field and is never blank. The first four characters of this field can be used for geographic comparisons. The first two characters represent the region where the agency is located, and the next two characters represent the state the agency is located in. Refer to Appendix I for a Region Map of the U.S.

Youth ID

Unique Youth ID Number. This is a required field and is never blank. The same youth ID is used when a youth returns to the same agency with a different intake date.

Intake D

Intake date is recorded as the date the youth enters the program in MM/DD/YY format. This is a required field and is never blank.

Service Information

The remainder of this appendix contains information about services provided to the youth either directly by the agency, through a coordinating agency, or through referral while the youth is on an active caseload at the agency. The “Services To Youth” section was completed at the youth's exit from the program or at appropriate milestones in the treatment process to ensure that all services delivered were noted. Each time the youth left/exited one agency program, the “Services To Youth” section was updated.

Provision of Services

The 1995 RHY MIS data, in its original form, included information about who provided each service to each youth. However, the RHY MIS data files that are released by NDACAN include only limited information about who provided services. **The released files indicate only whether or not a service was provided by the original agency.** This information is imbedded in the coding for each of the service variables in SERVFILE. For information about the service variables and their coding, refer to Appendix D, Coding Information for SERVFILE.

Counseling/Therapy

What follows is a list of services that fall under the heading of counseling and therapy. These services reflect the provision of guidance, support, and advice designed to alleviate the problems that contributed to the youth's running away or being homeless, resolve intra-family problems, reunite such youth with their families whenever appropriate, and to help them decide upon a future course of action.

<u>Response</u>	<u>Description</u>
Crisis Intervention	Process by which the immediate situation is assessed and immediate alternative actions are evaluated for the purpose of diffusing fear/anxiety so safety can be assured and longer term services can be introduced.
Individual (Youth)	Provision of guidance, support, and advice to the youth on a one-to-one basis designed to focus on casework goals.
Individual (Parent)	Provision of guidance and counseling to parent figure(s) around the issues of parenting.

Family	Provision of a forum for family members to explore their relationships, expectations, and patterns of interactions with the goal of making positive changes.
Home Based	Provision of services to the youth and family in their home environment.
Group (Youth)	Services to a group of youth to promote sharing of similar situations and feelings, and allow for feedback and learning from other youth.
Group (Parent)	Services to a group of parents to promote sharing of similar situations and feelings, and allow for feedback and learning from other parents.
Outdoor Adventure Challenge	Structured activities, generally physically challenging and requiring risk on behalf of the participant, which are therapeutic and can improve the participant's sense of self. These activities include one-time activities or formal programs/classes occurring over a scheduled period of time. Examples are ropes courses, camping, survival hikes, and other trust activities.
Peer (Youth)	Helping services provided by trained youth volunteers or staff to the clientele.
Expressive/Art	Use of art, music, movement, or other expressive media to encourage communication of problems and feelings.
Mediation	Negotiation, problem solving, or conflict resolution services provided by a professional with specialized mediation training/certification.
Other	Other counseling or therapy that is not described above.

Youth Education

What follows is a list of services that fall under the heading of youth education.

<u>Response</u>	<u>Description</u>
Assessment	Evaluation of level of learning and/or presence of learning disabilities. Assessment can include time spent testing the youth, checking school records, or talking with the youth's past teachers.
Tutoring	Assistance given to youth to help with regular school work.
Alternative Education	Temporary provision of class work activities in lieu of regular school attendance.
GED Prep/Test	Services aimed at helping youth pass the General Education Development test, which results in a certificate equivalent to a high school diploma.
Vocational Training	Services aimed at training youth for a particular vocation. For example, training for a trade such as plumber or electrician.
Other	Educational services not described above.

Life Skills Training

What follows is a list of services that fall under the heading of life skills training.

<u>Response</u>	<u>Description</u>
Communication Skills	Training in ways to more accurately and effectively convey an intended message.
Assertiveness	Training in developing skills to distinguish valid "self advocacy" from aggression.

Conflict Resolution	Practice in the steps of problem solving and negotiation.
Goal Setting/ Life Planning	Training in identifying skills, setting priorities, and making a plan for reaching adult independence.
Budgeting	Learning to develop and maintain a financial plan, checking and saving accounts, and credit.
Employment	Practicing job searches, filling out applications, interviewing, and job maintenance skills.
Consumerism	Training in comparative shopping, unit pricing, and other issues that lead to economically wise purchasing.
Hygiene	Learning how to appropriately care for self including hair, skin, teeth, and clothing.
Sex Education	Basic information about sexuality, reproduction, birth, sexually transmitted diseases, birth control, and relationships.
Parenting Skills	Development of skills for effective parenting based on sound knowledge of child development. This may include learning communication skills, limit-setting, and positive reinforcement.
Nutrition	Training on how to choose, purchase, store, and prepare healthy food, for adequate dietary needs.
Leisure Skills	Identifying healthy activities for recreation and relaxation.
Household Management	Training in skills for maintaining a day-to-day routine in the home, including cleaning, laundry, and other housekeeping tasks.
Other	Life skills training not described above.

Phone Services

What follows is a list of services that fall under the heading of phone services.

<u>Response</u>	<u>Description</u>
Crisis Counseling	Telephone intervention to help callers define their problems and explore possible immediate alternative actions.
Information and Referral	Provision of information about tangible services and/or resources from which the caller may receive help.
Advocacy	Efforts made on behalf of the youth/family (eg. arranging for the youth to receive low cost tutoring).
Other	Telephone services not described above.

Basic Support Services

What follows is a list of services that fall under the heading of basic support services.

<u>Response</u>	<u>Description</u>
Food	Provision of meals to youth while in the care of the program.
Clothing	Provision of articles of clothing (shoes, underwear, shirts, etc.) for the youth to keep.
Emergency Shelter	Provision of temporary, short-term, overnight lodging and/or non-residential shelter services during the day, in response to a crisis situation.
Transportation	Provision of money for transportation or the actual transport of the youth during their stay, such as between the project and the youth's home or an alternative living arrangement.
Other	Basic life support services not described above.

Health Care

What follows is a list of services that fall under the heading of health care.

<u>Response</u>	<u>Description</u>
General Medical	Provision of general health care or surgical services by licensed medical practitioners. This includes testing and/or treatment of males for sexually transmitted diseases.
Dental	Assistance of dentist or dental technician in assessing and dealing with problems of the teeth or gums.
Psychological or Psychiatric	Provision of emergency assessment or routine treatment services by a licensed/certified medical health professional.
Substance Abuse Assessment	Comprehensive evaluation of an individual's current and/or past involvement with alcohol and other drugs, and potential need for treatment.
Alcohol and Other Drug Treatment	Provision of alcohol and other drug intervention or treatment aimed at stopping the use of alcohol or other drugs.
Eating Disorders	Provision of medical care to treat and/or cure an eating disorder.
Gynecological	Testing and/or treatment by medical professional for sexually transmitted diseases, pelvic inflammatory disease, or birth control/family planning. This also includes pregnancy testing.
Pre-Natal	Provision of medical care for a pregnant woman and her unborn child, and neo-natal care immediately following delivery and childbirth.
HIV/AIDS Related	Testing, counseling, and/or treatment of HIV infection and complications resulting from the HIV infection.

Other Health care services not described above.

Alcohol and Other Drug Prevention

What follows is a list of services that fall under the heading of alcohol and other drug prevention.

<u>Response</u>	<u>Description</u>
Education/ Training	Presentation of materials (pamphlets, films, lectures, etc.) to increase knowledge of alcohol, drugs, and the effects and consequences of their use.
Positive Peer Leadership	Use of an interactive system designed to increase the positive influence of peers.
Alternative Activities/Recreat.	Recreational, cultural, social, or other events designed to divert youth from alcohol or other drug use.
Refusal Skills	Training and practice in ways to resist pressure to use alcohol or other drugs.
Substance Abuse Screening	Initial assessment of an individual's current and/or past involvement with alcohol and other drugs. Initial screen often precedes comprehensive assessment (see Health Care).
Other	Alcohol and other drug prevention programs not described above.

Alternate Housing

What follows is a list of services that fall under the heading of alternate housing. The services refer to active assistance, as part of a treatment plan, in finding a place for the youth to live other than from where he or she ran or resided prior to coming to the project.

<u>Response</u>	<u>Description</u>
Other Youth Shelter	Community-based program providing core services (shelter, food, clothing, counseling) to runaway, homeless, and other youth in a crisis situation.
Foster Home	A private home, licensed by the State to provide care for one or more youth in State custody.
Host Home	A private home in which the residents agree to provide short-term shelter for a runaway or homeless youth. Do not include Independent or Transitional Living Programs in this category.
Group Home	A home generally run by a public agency to provide shelter services to youth in the foster or emergency care system.
Transitional Living Program	A program for older youth who have no family or state support, designed to assist them in their move toward self-sufficient living and prevent long-term dependency on social services. Residential services may be provided in group homes, host homes, or apartments.
Independent Living Program	A skill-based program that prepares youth in the foster care system to live on their own, independently from that system. Residential services may be provided in group homes, host homes, or apartments.
Job Corps (Residential)	Structured education/vocational training program aimed at developing skills that will lead to self sufficiency. Youth live on-site while receiving services.

Residential Treatment Highly structured, intensive 24-hour treatment program that addresses the full range of needs of the youth, including social, educational, mental health and psychological.

Other Housing referral or placement not described above.

Legal Services

Legal services are typically provided through referral or a coordinating agency, legal counsel or via advice provided to the youth. Legal services generally are not provided by a youth services agency unless the agency has an attorney or other person licensed to give legal advice or assistance to the staff. Legal services may have been provided either **to the Youth** or **to the Family**.

Recreational Activities

What follows is a list of services that fall under the heading of recreational activities.

<u>Response</u>	<u>Description</u>
Organized Sports Activities	Athletic participation, either individual or team.
Arts & Crafts	Creative activities using a variety of media (eg, clay, paint, or fabric).
Field Trips	Visits to historic/cultural/natural points of interest or other events.
Other	Recreational activities not listed above.

Support Groups

What follows is a list of services that fall under the heading of support groups.

<u>Response</u>	<u>Description</u>
Alcoholics Anonymous	Mutual support group for individuals who have problems with alcohol.
NA/CA	Mutual support group for individuals who have a problem with drugs other than alcohol, especially cocaine (NA=Narcotics Anonymous, CA=Cocaine Anonymous).
Alateen	Mutual support group for teens who have been affected by alcoholism or drug abuse by a family member, usually a parent.
Alanon	Mutual support group generally for adults who are in a relationship with someone who abuses alcohol or other drugs.
Spiritual	Mutual support group organized and operated by members of a church, temple, or other recognized religious organization.
Other	Support group not listed above.

Employment

What follows is a list of services that fall under the heading of employment.

<u>Response</u>	<u>Description</u>
Career Counseling	Guidance regarding career choices including: skill, aptitude, and interest assessment; information about job training requirements; and evaluation of opportunities within specific fields.
Job Training	Specific skills training to develop competencies required for a particular job.
Employability Training	Training in skills necessary for obtaining and keeping a job. It may include a wide range of topics such as resume writing, interviewing skills, time management, or organizational skills.
Employment Referral/Placement	Provision of the link between individuals in need of a job with appropriate job opportunities. The agency may refer a youth to another resource, or may serve as the hiring agent.
Job Corps (Non-Residential)	Structured education/vocational training program aimed at developing skills that will lead to self sufficiency.
Other	Any employment services that are not described in the above categories.

Area Services

What follows is a list of services that fall under the heading of area services.

<u>Response</u>	<u>Description</u>
Outreach	Services provided directly to youth outside of the agency facility. This may include on-foot or van outreach to youth on the street, staff availability at popular youth congregating locations (fast food restaurants, malls, arcades), or extension of services to youth in generally non-accessible facilities such as detention centers.
Promotional/ Instructional Materials	Provision of informative materials (books, pamphlets, flyers) on topics related to youth needs.
Language Assistance	Interpretive services for youth and families who have special language needs. This may include signing services for hearing impaired youth or translators for foreign speaking youth.
Respite Care	Child care staff or other resources provided for the purpose of giving parent figures/primary care givers time off from their responsibilities of caring for a youth with special needs. Respite care may be provided in the youth's home, or at a program facility.
Community Education Events	Community based activities designed to inform attendees regarding a defined topic. A program may sponsor such activities or support the youth's attendance at such events sponsored by other agencies.
Training/ Consultation	Educational and informational exchanges designed to strengthen and enhance the skills of other professionals. Generally provided only to other professional staff, rather than directly to your or families.
Other	Other area services not described in the above categories.

APPENDIX H

Glossary

This glossary presents definitions for the standard terms that are used by the RHY MIS.

Adult

A person 18 years old or older.

Aftercare

The provision of services to runaway or otherwise homeless youth and their families following the youth's return home, or placement in alternative living arrangements, which assist in alleviating the issues that contribute to the runaway or homeless episode.

Agency

The first level of an organization that *administers* the Basic Center, Transitional Living, and/or Drug Abuse Prevention programs. The youth service agency may operate only one program or it may oversee multiple programs. In addition, the agency may provide services directly to youth or it may act solely as an administrator of the programs it oversees. As the administering agent for the RHY grant, it is the agency's responsibility to obtain RHY MIS data from all of its RHY grant programs.

Basic Center Program (BCP)

Community-based agency providing core services (emergency shelter, food, clothing, counseling) to runaway and homeless youth. Basic Center services may be provided in one central location, such as a group home residence, or in decentralized locations, such as host homes.

Drug Abuse Prevention (DAPP)

Community-based program, funded under the Federal RHY Abuse Prevention Program, to address the problem of drug abuse among runaway and homeless youth and their families, by provision of prevention and early intervention services aimed at the reduction of drug dependency.

Exit Date

Exit refers to the date at which a youth leaves a program or completes services, a youth is no longer on active caseload at an agency program, or a youth leaves one program category and enters another program, such as when he or she completes shelter services and starts non-residential services.

Homeless

A youth who is in need of services and is without a place of shelter where he or she can receive supervision and care.

Household

A living situation where a group of individuals have permanent or apparent permanent places of residence, thereby influencing the family system at the residence. For the purposes of information collected in the RHY MIS, household refers to the apparently permanent group of persons which the youth identifies as household members. For homeless youth and homeless families, responses will refer to the last *stable* residence that this group shared together.

Independent Living Program (ILP)

A skill-based program that prepares youth in the foster care system to live on their own, independently from that system.

Intake Date

The date of a youth's entry or admission into a runaway and homeless youth program. A youth can have more than one intake date if he or she comes to a program multiple times, or if he or she enters into different program components within an agency on different dates.

Legal Residence

The residence of the youth's legal guardian or custodian.

Long-Term Shelter

A program that provides services to the youth for more than 15 days. These programs include foster care, structured shelter care, Transitional Living Programs, and Independent Living Programs. Long term shelter programs usually provide a more in-depth assessment of youth's needs than a short term program. In addition, long term programs generally prepare behavioral, educational, psychological, and placement plans for their participants.

Non- Residential Services

Services provided to or for runaway and homeless youth that do not reside at the program or at a facility operated by the program. If an agency uses part of its RHY grant to purchase shelter services from another organization or to subsidize shelter arrangements (as for apartment rent in a TLP), it is considered to be providing residential services. For an agency to meet this non-residential criteria, it would not expend any of the RHY grant funds on shelter services.

Program

Program refers to an organization that directly provides runaway and homeless youth related services funded under the Federal Runaway and Homeless Youth BCP, TLP, DAPP, or any combination of the three Federal RHY programs. A program may be one service component within an administering **agency**. A program also may have other public or private sponsors.

Program Category

Refers to the broad category of service delivery type in which the youth is participating at the agency. The youth can be receiving short-term residential services, long-term residential services, or non-residential services. These categories remain in Version 3.0 for reference only. They have been supplanted by *Program Name*.

Runaway

A youth who, by their own volition, is away from home or place of legal residence at least overnight. Generally, runaway actions are taken without the knowledge of the parent or legal guardian in charge of the youth's supervision.

Safe Place

Safe Places include community businesses and organizations that agree to be places of contact for runaway and homeless youth. Usually a youth may stay at the safe place until staff or volunteers from the local shelter come and pick them up.

Service Status

Refers to the type of service a youth or family is receiving from an agency. A youth or family can receive brief drop-in, hotline, street outreach services, or a full range of longer-term services.

Short-Term Shelter

Programs that provide residential services to youth for usually for 14 days or less, although under exceptional circumstances youth can stay at a short term shelter for a longer period. Services at short term shelters are designed to provide emergency and core services, such as a bed, clothing, food, basic nurturing, protection, crisis intervention, counseling, and referral.

Throwaway

A youth who has been forced to leave his place of legal residence and whose legal guardians or parent figures refuse to assume any further responsibility for his/her care and well being.

Transitional Living

Programs for older youth, aged 16 to 21 years who have no family or state support, to assist them in their move toward self-sufficient living and to **Program** prevent long-term dependency on social services. Services are provided for **(TLP)** up to 18 months.

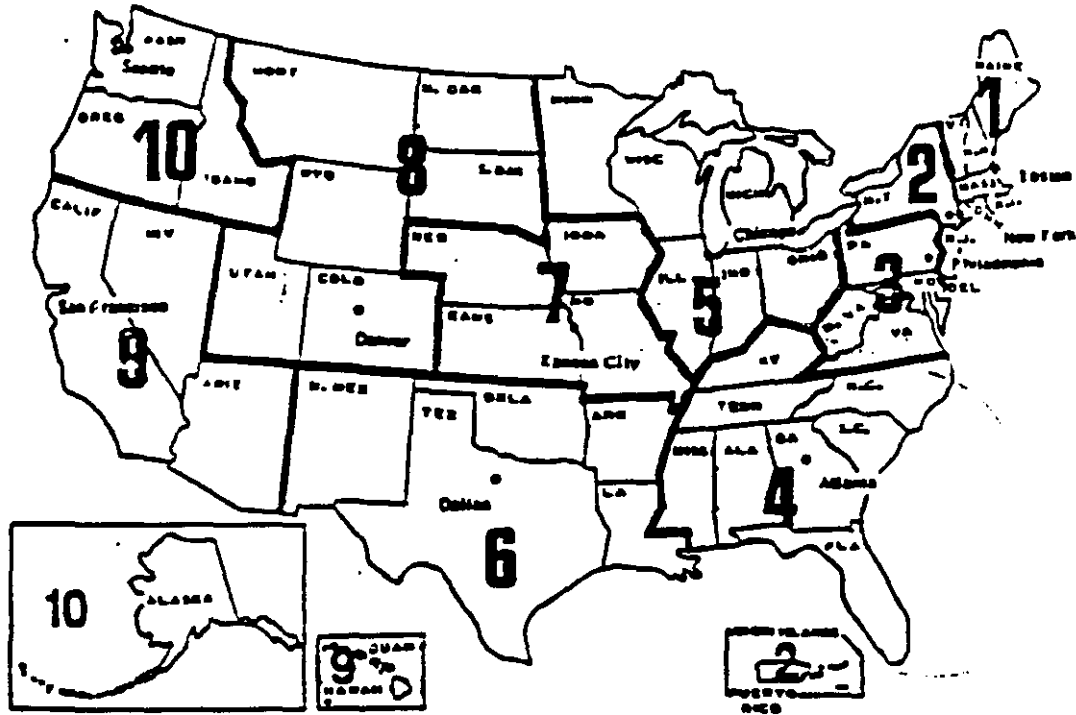
Youth

A person under the age of 18. Youth also refers to the clients served at the youth services agencies. In some cases (such as Transitional Living Programs) the client can be as old as 21 years. The RHY MIS will still refer to these individuals as youth.

Youth Service Agency

The youth service agency (or *agency*) is the first level of an organization that administers the Basic Center, Transitional Living, and/or Drug Abuse Prevention programs. The youth services agency may operate only one program or it may oversee multiple programs. In addition, the youth services agency may provide services directly to youth or it may act solely as an administrative organization to the programs it oversees. As the administering agent for the RHY grant, it is the youth service agency's responsibility to submit RHY MIS data from all of its RHY grant programs.

APPENDIX I
U.S. Region Map



- Regions**
- 4 — Alabama
 - 10 — Alaska
 - 9 — Arizona
 - 6 — Arkansas
 - 9 — California
 - 8 — Colorado
 - 1 — Connecticut
 - 3 — Delaware
 - 3 — D.C.
 - 4 — Florida
 - 4 — Georgia
 - 9 — Hawaii
 - 10 — Idaho
 - 5 — Illinois
 - 5 — Indiana
 - 7 — Iowa
 - 7 — Kansas
 - 4 — Kentucky
 - 6 — Louisiana

- Regions**
- 1 — Maine
 - 3 — Maryland
 - 1 — Massachusetts
 - 5 — Michigan
 - 5 — Minnesota
 - 4 — Mississippi
 - 7 — Missouri
 - 8 — Montana
 - 7 — Nebraska
 - 9 — Nevada
 - 1 — New Hampshire
 - 2 — New Jersey
 - 6 — New Mexico
 - 2 — New York
 - 4 — North Carolina
 - 8 — North Dakota
 - 5 — Ohio
 - 6 — Oklahoma
 - 10 — Oregon

- Regions**
- 3 — Pennsylvania
 - 1 — Rhode Island
 - 4 — South Carolina
 - 8 — South Dakota
 - 4 — Tennessee
 - 6 — Texas
 - 8 — Utah
 - 1 — Vermont
 - 3 — Virginia
 - 10 — Washington
 - 3 — West Virginia
 - 5 — Wisconsin
 - 8 — Wyoming
 - 9 — American Samoa
 - 9 — Guam
 - 2 — Puerto Rico
 - 2 — Virgin Islands
 - 9 — Northern Marianas
 - 9 — Trust Territory (Palau)